

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90046 039 ***150.00

DOCUMENT # 222684

1. Entity Name

PETRI'S POSITIVE PEST CONTROL, INC.

Principal Place of Business

Mailing Address

737 S.W. 9TH TERRACE
 POMPANO BEACH FL 33069-4521

737 S.W. 9TH TERRACE
 POMPANO BEACH FL 33069-4521

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0865900

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

A003451Z



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENRY C. PETRI
2780 N.E. 9TH CT.
POMPANO BEACH FL 33061

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
COB <input type="checkbox"/> Delete	PETRI, HENRY C 2780 N.E. 9T CT. POMPANO FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
P <input type="checkbox"/> Delete	CAVANAGH, BRENDEN 2461 NW 112TH AVE CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	BRENDAN CAVANAGH 11017 NW 28 ST CORAL SPRINGS FL 33065
STD <input checked="" type="checkbox"/> Delete	PETRI, RUTH 2780 N.E. 9TH CT POMPANO FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STD DEBORAH LAUSIER 4120 SABAL LAKES ROAD DELRAY BEACH, FL 33445-1219
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brendan E. Cavanagh
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)