## 2001 UNIFORM BUSINIESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAL OFFICER ( ROIRECTOR

## May 24, 2001 8:00 am Secretary of State **DOCUMENT # 686340** 05-24-2001 90500 043 \*\*\*150.00 D.O.A. PEST CONTROL, INC. Mailing Address Principal Place of Business 1859 N PINE ISLAND RD., SUITE 218 1859 N PINE ISLAND RD., SUITE 218 PLANTATION FL 33322 PLANTATION FL 33322 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2026330 Not Applicable Country \$8.75 Additional Zip Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Ш MEYER, STANLEY J Street Address (P.O. Box Number is Not Acceptable) 7730 NW 50 ST LAUDERHILL FL 33351 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE Registered Agent signature required when reinstating) DATE 5 gnature, typed or printed name of registered agent and title if applicable. FILE NOW! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 20 1 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payab e to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE PD NAME NAME MEYER, STANLEY J STREET ADDRESS STREET ADDRESS 7730 NW 50 ST #A308 CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33351 ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for he 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 n / sgnature 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Date

actachment



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## Dear Postal Customer:

The enclosed was found to be either loose in the mail or damaged in handling at this Postal Facility.

We are fully aware that the mail you receive is important to you, realizing this, each employee at the Fort Lauderdale Post Office is making every effort to expeditiously handle, without damage, each piece of mail that they has been entrusted with. Nevertheless, an occasional mishap will occur.

This Facility handles an excess of three million pieces of mail daily. Therefore, it is necessary that automated and mechanical systems be employed by the Postal Service to ensure our customers of prompt and efficient delivery of their mail. At times, a malfunction will occur which inadvertently damages the mail. We are constantly working to improve our processing methods so that these incidents will be eliminated. You can help us greatly in our efforts if you will continue to properly prepare and address each letter or parcel that you enter in the mail stream.

We appreciate your concern and sincerely regret any inconvenience you may have experienced as a result of this occurrence.

Richard J Blancas

Plant Manager

United States Postal Service

Ft Lauderdale Processing & Distribution Center

Enclosure