

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F65681

1. Entity Name
PEST MANAGEMENT SYSTEMS, INC.

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90002 047 ***550.00

Principal Place of Business

1481-A NW 65 AVE
PLANTATION FL 33313
US

Mailing Address

1481-A NW 65 AVE
PLANTATION FL 33313
US

2. Principal Place of Business

1481-A N.W. 65th Ave
Suite, Apt. #, etc.

3. Mailing Address

1481-A N.W. 65th AVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Plantation, FL

City & State

Plantation, FL

4. FEI Number

59-2161023

Applied For

Not Applicable

Zip 33313

Country U.S.

Zip 33313

Country U.S.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMADES, DAVID
1481 NW 65TH AVENUE
PLANTATION FL 33313

7. Name and Address of New Registered Agent

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. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE DP
NAME SMADES, DAVID A
STREET ADDRESS 6100 COCONUT TERRACE
CITY-ST-ZIP PLANTATION, FL 00000 ☐ Delete

TITLE VP
NAME SMADES, DEBORAH A.
STREET ADDRESS 6100 COCONUT TERRACE
CITY-ST-ZIP PLANTATION, FL 00000 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID A. SMADES 7-25-00 954-584-2716
PRES.

Date

Daytime Phone #