2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State
01-21-2000 90065 028 ***150.00

DOCUMENT # H61763

1. Entity Name

WESTERN EXTERMINATING COMPANY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
400 FAIRWAY DR DEERFEILDBEACH FL 33441 US	800 LANDIX PLAZA PO BOX 367 PARSIPRANY NJ 07054-0367 US

A0009273

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	800 LANIDEX PLAZA Suite, Apt. #, etc. P.O. BOX 367
City & State	City & State PARSIPPANY, NJ 07054
Zip / Country	Zip / Country

4. FEI Number 59-2555629 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALTERS, D. THOMAS 400 FAIRWAY DR #105 DEERFEILD BEACH FL 33441	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 $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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAMETH, JOSEPH EDWIN 45 WOODFIELD DR SHORT HILLS NJ	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAMETH, ROBERT A. TALL PINES ROAD NEW VERNON NJ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NELSON, BRUCE S. 1822 LAMBERTS MILL RD WESTFIELD NJ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAMETH, RICHARD E. 954 BARNEGAT LN MANTOLOKING NJ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOURISH, STUART M. 9 OAK LAWN DR EAST HANOVER NJ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MORRIS, JEANNE L. 521 CRESCENT PARK SEA GIRT NJ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BURKE, JEANNE L. 1012 QUAIL PLACE BRIELLE, NJ	☒ Change ☐ Addition

CR2E034 (9/99)

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: Stuart M. Yourish SIGNATURE REQUIRED Stuart M. Yourish 1/6/00 973-515-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #