

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H61763

1. Entity Name

WESTERN EXTERMINATING COMPANY OF FLORIDA, INC.

Principal Place of Business Mailing Address

400 FAIRWAY DR

DEERFEILDBEACH FL 33441

US

PARSIPRANY NJ 07054-0367

US

FILED Jan 21, 2000 8:00 am Secretary of State

01-21-2000 90065 028 ***150.00

A0009273 2. Principal Place of Business 3. Mailing Address 800 LANIDEX PLAZA Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE P.O. BOX 367 Applied For City & State City & State 4. FEI Number 59-2555629 PARSIPPANY, NJ 07054 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALTERS, D. THOMAS Street Address (P.O. Box Number is Not Acceptable) 400 FAIRWAY DR #105 **DEERFEILD BEACH FL 33441** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible _Election.Campaign.Financing \$5.00-May-Be After MAY 1, 2000 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 Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition **X** Delete TITLE TITLE SAMETH, JOSEPH EDWIN NAME NAME STREET ADDRESS STREET ADDRESS 45 WOODFIELD DR CITY-ST-ZIP CITY-ST-ZIP SHORT HILLS NJ ☐ Change ☐ Addition ☐ Delete TITLE SAMETH, ROBERT A. NAME TALL PINES ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW VERNON NJ** Change ☐ Addition TITLE Delete NELSON, BRUCE S. NAME NAME STREET ADDRESS STREET ADDRESS 1822 LAMBERTS MILL RD CITY-ST-ZIP CITY-ST-ZIP WESTFIELD NJ Change Addition ☐ Delete TITLE TITLE SAMETH, RICHARD E. NAME NAME STREET ADDRESS STREET ADORESS 954 BARNEGAT LN CITY-ST-ZIP CITY-ST-ZIP MANTOLOKING NJ Change Addition ☐ Delete TITLE TITLE NAME YOURISH, STUART M. NAME STREET ADDRESS 9 OAK LAWN DR STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP EAST HANOVER NJ XIX Change Addition DS ☐ Delete TITLE TITLE BURKE, JEANNE L. MORRIS, JEANNE L. NAME NAME STREET ADDRESS 1012 QUAIL PLACE STREET ADDRESS **521 CRESCENT PARK** CITY-ST-ZIP CITY-ST-ZIP BRIELLE, NJ SEA GIRT NJ

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:

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00

973-515-0100

Daytime Phone #