

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90303 042 \*\*\*150.00

**DOCUMENT # H61763**

1. Entity Name

**WESTERN EXTERMINATING COMPANY OF FLORIDA, INC.**

Principal Place of Business

400 FAIRWAY DR  
 DEERFIELD BEACH FL 33441  
 US

Mailing Address

800 LANIDEX PLAZA  
 PO BOX 367  
 PARSIPRANY NJ 07054-0367  
 US

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

**59-2555629**

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  
 DEERFIELD BEACH FL 33441

Name: **Kevin Sullivan**  
 Street Address (P.O. Box Number is Not Acceptable):  
**400 Fairway Drive**  
**Suite 105**  
 City: **Deerfield Beach** FL Zip Code: **33441**

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

**Kevin Sullivan**

**1-12-01**

(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 \$150.00**

**After MAY 1, 2001, 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          | D                     | XXX Delete                      |
| NAME           | SAMETH, JOSEPH EDWIN  |                                 |
| STREET ADDRESS | 45 WOODFIELD DR       |                                 |
| CITY-ST-ZIP    | SHORT HILLS NJ        |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | SAMETH, ROBERT A.     |                                 |
| STREET ADDRESS | TALL PINES ROAD       |                                 |
| CITY-ST-ZIP    | NEW VERNON NJ         |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | NELSON, BRUCE S.      |                                 |
| STREET ADDRESS | 1822 LAMBERTS MILL RD |                                 |
| CITY-ST-ZIP    | WESTFIELD NJ          |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | SAMETH, RICHARD E.    |                                 |
| STREET ADDRESS | 954 BARNEGAT LN       |                                 |
| CITY-ST-ZIP    | MANTOLOKING NJ        |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | YOURISH, STUART M.    |                                 |
| STREET ADDRESS | 9 OAK LAWN DR         |                                 |
| CITY-ST-ZIP    | EAST HANOVER NJ       |                                 |
| TITLE          | DS                    | <input type="checkbox"/> Delete |
| NAME           | BURKE, JEANNE L       |                                 |
| STREET ADDRESS | 1012 QUAIL PLACE      |                                 |
| CITY-ST-ZIP    | BRIELLE NJ            |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Stuart Yourish* **Stuart M. Yourish**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/9/01**

Date

**973-515-0100**

Daytime Phone #