

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90056 022 ***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

**SULLIVAN, KEVIN
 400 FAIRWAY DR
 SUITE 105
 DEERFIELD BEACH FL 33441**

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 \$150.00
 After May 1, 2002 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

TITLE **D** ☐ Delete
 NAME **SAMETH, ROBERT A.**
 STREET ADDRESS **TALL PINES ROAD**
 CITY-ST-ZIP **NEW VERNON NJ**

TITLE **D** ☒ Delete
 NAME **NELSON, BRUCE S.**
 STREET ADDRESS **1822 LAMBERTS MILL RD**
 CITY-ST-ZIP **WESTFIELD NJ**

TITLE **D** ☐ Delete
 NAME **SAMETH, RICHARD E.**
 STREET ADDRESS **954 BARNEGAT LN**
 CITY-ST-ZIP **MANTOLOKING NJ**

TITLE **D** ☐ Delete
 NAME **YOURISH, STUART M.**
 STREET ADDRESS **9 OAK LAWN DR**
 CITY-ST-ZIP **EAST HANOVER NJ**

TITLE **DS** ☐ Delete
 NAME **BURKE, JEANNE L**
 STREET ADDRESS **1012 QUAIL PLACE**
 CITY-ST-ZIP **BRIELLE NJ**

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 **D** ☒ Change ☐ Addition
 NAME **Walters, Thomas D.**
 STREET ADDRESS **9 Ammerman way**
 CITY-ST-ZIP **Chester, NJ 07930**

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

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: **Stuart Yourish** **STUART YOURISH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-02

Date

973-515-0100

Daytime Phone #

CR2E034 (9/01)