


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90234 045 ***150.00

DOCUMENT # **K 92347**
1. Entity Name **Misty Pest Control Inc.** ✓



DO NOT WRITE IN THIS SPACE

11016656

2. Principal Place of Business **3646 N.W. 16th St.**
Suite, Apt. #, etc.

3. Mailing Address **C/o Joyce Eileen Rubin**
Suite, Apt. #, etc. **600 N.W. 76th Ave.**

DO NOT WRITE IN THIS SPACE

City & State **Lauderhill Florida** City & State **Plantation Florida** 4. FEI Number **65-0127533** Applied For Not Applicable

Zip **33311** Country **Broward** Zip **33324** Country **Broward** 5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Rubin, Mark S**
Street Address (P.O. Box Number is Not Acceptable)
600 N.W. 76th Ave.
City **Plantation** **FL** Zip Code **33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Rubin, Mark S 600 N.W. 76th Ave. Plantation Florida 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mark S. Rubin** **MARK S. RUBIN** **4-23-2003 954-472-3082**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #