

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L20401

1. Entity Name

LARGO PEST CONTROL, INC.

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90012 034 \*\*\*550.00

Principal Place of Business

10015 S W 55TH ST.  
 MIAMI FL 33165

Mailing Address

10015 S W 55TH ST.  
 MIAMI FL 33165

2. Principal Place of Business

4370 N.W. 107 AVE

3. Mailing Address

4370 NW 107 AVE

Suite, Apt. #, etc.

# 203

Suite, Apt. #, etc.

# 203

City & State

MIAMI, FL

City & State

MIAMI FL

Zip

33178

Country

USA

Zip

33178

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0159726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

LOCOCO, DAVID V., ESQUIRE  
 685 N E 126TH ST.  
 NORTH MIAMI FL 33161

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 DP  
 NAME SUAREZ, FERNANDO  
 STREET ADDRESS 10015 S W 55TH ST.  
 CITY-ST-ZIP MIAMI FL

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
 NAME SUAREZ, FERNANDO  
 STREET ADDRESS 4370 N.W. 107 AVE # 203  
 CITY-ST-ZIP MIAMI, FL 33178

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 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:

*Fernando Suarez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-00

Date

(305) 279-9292

Daytime Phone #

CR2E034 (5/00)