

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M34608

1. Entity Name  
PEST-ASIDE PEST CONTROL CORPORATION

**FILED**  
**Jan 08, 2002 8:00 am**  
**Secretary of State**

01-08-2002 90001 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
7028 CORAL RIDGE RD.  
SEBRING FL 33870  
US

Mailing Address  
7028 CORAL RIDGE RD.  
SEBRING FL 33876  
US

2. Principal Place of Business  
820 Laver's Circle  
Suite, Apt. #, etc.  
Suite G-107  
City & State  
Delray Beach, FL  
Zip  
33444  
Country  
US

3. Mailing Address  
820 Laver's Circle  
Suite, Apt. #, etc.  
Suite G-107  
City & State  
Delray Beach, FL  
Zip  
33444  
Country  
US

4. FEI Number 59-2707984  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SIMONS, BARBARA R.  
7028 CORAL RIDGE RD.  
SEBRING FL 33870

## 7. Name and Address of New Registered Agent

Name  
Simons, Barbara R.  
Street Address (P.O. Box Number is Not Acceptable)  
820 Laver's Circle  
Suite G-107  
City  
Delray Beach FL Zip Code  
33444

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 Barbara R. Simons, Pres. Barbara R. Simons, Pres. Jan. 4, 2002  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVTs  
SIMONS, BARBARA R.  
7028 CORAL RIDGE RD.  
SEBRING FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVTs  
Simons, Barbara R.  
820 Laver's Circle #G-107  
Delray Beach, FL 33444 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: Barbara R. Simons  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-04-02

1-800-655-1132

CR2E034 (9/01)