

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M45498

1. Entity Name

ALLIED EXTERMINATING CO. OF PALM BEACH COUNTY IN

FILED

00 MAR -9 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2670 FOREST HILL BLVD  
STE C  
WEST PALM BEACH FL 33406  
US

2670 FOREST HILL BLVD  
STE C  
WEST PALM BEACH FL 33406-5931  
US

2. Principal Place of Business

3. Mailing Address

2670 FOREST HILL BLVD  
Suite, Apt. #, etc. STE C

Suite, Apt. #, etc.

City & State

City & State

WEST PALM BEACH FL

WEST PALM BEACH FL

Zip

Country

Zip

Country

33406

US

33406

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUALITY OFFICE SERVICE INC.  
8679 PLUTO TERR.  
LAKE PARK FL 33403

Mr. ~~JOEL S. PEREZ~~ J.S. Perez  
6424 Travis Road  
Lake Clark Shores  
Florida 33406

Name JOEL S PEREZ  
Street Address (P.O. Box Number is Not Acceptable)  
6424 TRAVIS RD  
LAKE CLARK SHORES  
City FL Zip Code 33406

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, 2000 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  
NAME PEREZ, JOEL S.  
STREET ADDRESS 6424 TRAVIS RD.  
CITY-ST-ZIP W. PALM BEACH FL ☐ Delete

TITLE D  
NAME PEREZ, ROSALINDA T.  
STREET ADDRESS 6424 TRAVIS RD.  
CITY-ST-ZIP W. PALM BEACH 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 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/2000

Date

Daytime Phone #

581/967-0680

KE

CR2E034 (9/99)