

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**  
 01-12-2000 90026 033 \*\*\*\*61.25

**DOCUMENT # N95000001966**

1. Entity Name

**CERTIFIED PEST CONTROL OPERATORS OF FLORIDA, INC**

Principal Place of Business

6635 W COMMERCIAL BLVD  
 SUITE 201  
 TAMARAC FL 33319

Mailing Address

6635 W COMMERCIAL BLVD  
 SUITE 201  
 TAMARAC FL 33319-2150

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**WEINBERG, STEVEN A ESQ.**  
**8000 PETERS ROAD**  
**PLANTATION FL 33324**

4. FEI Number

**65-0572961**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KESSLER, BOB	
STREET ADDRESS	5163 NW 58 TERR	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LIVINGSTON, GIL	
STREET ADDRESS	3440 NW 71ST ST	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KING, PATRICA	
STREET ADDRESS	1801 SW 115 AVE	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SPERO, GARY	
STREET ADDRESS	23 COLUMBIA COURT	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	ED	<input type="checkbox"/> Delete
NAME	EDELSTEIN, MEL	
STREET ADDRESS	6635 W COMMERCIAL BLVD #219	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	Ron Box		
STREET ADDRESS	911 Custal Lake Dr #212		
CITY-ST-ZIP	Pompano Bch FL 33064		
TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	Gary Spero		
STREET ADDRESS	23 Columbia Court		
CITY-ST-ZIP	Deerfield Bch FL 33442		
TITLE	SD	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	Dan Tenace		
STREET ADDRESS	PO Box 8875		
CITY-ST-ZIP	Coral Springs FL 33075		
TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	Gil Livingston		
STREET ADDRESS	3440 NW 71st St		
CITY-ST-ZIP	Coconut Creek FL 33073		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00

954 224-8806

Date

Daytime Phone #