

2001 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Mar 02, 2001 8:00 am
Secretary of State

02-08-2001 90180 045 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0572961

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME BOX, RON Delete
 STREET ADDRESS 941 CYRSTAL LAKE DR #212
 CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE D
 NAME HOWARD BRIGHT Change Addition
 STREET ADDRESS 30255 US HWY 19N
 CITY-ST-ZIP Clearwater, FL 34621

TITLE VP
 NAME SPERO, GARY Delete
 STREET ADDRESS 23 COLUMBIA COURT
 CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE SD
 NAME TENACE, DAN Delete
 STREET ADDRESS PO BOX 8875
 CITY-ST-ZIP CORAL SPRINGS FL 33075

TITLE D
 NAME RICHARD MEATHL Change Addition
 STREET ADDRESS PO BOX 454, HWY 44 EAST
 CITY-ST-ZIP Crystal River, FL 34423

TITLE T
 NAME LIVINGSTON, DAN Delete
 STREET ADDRESS 3440 NW 71ST ST
 CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE ED
 NAME EDELSTEIN, MEL Delete
 STREET ADDRESS 6635 W COMMERCIAL BLVD #219
 CITY-ST-ZIP TAMARAC FL 33319

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

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

2/6/01

954 224-8806
 Daytime Phone #

CRE037 (10/00)