

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90046 042 ***150.00

DOCUMENT # P00000038596

1. Entity Name

M.D. PEST CONTROL, INC.

Principal Place of Business

**4640 CARVER STREET
LAKE WORTH FL 33463**

Mailing Address

**4640 CARVER STREET
LAKE WORTH FL 33463**

2. Principal Place of Business

4640 Carver St

3. Mailing Address

4640 Carver St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth, FL 33463

City & State

Lake Worth, FL 33463

Zip

33463

Country

U.S.A

Zip

33463

Country

U.S.A

4. FEI Number

65-1007316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

~~**Same Corporation Service Company
1201 HAYS ST
Tallahassee, FL 32301**~~

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 **The United States Corporation Company**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/01

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, 2001 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	President	<input type="checkbox"/> Delete
NAME	Marc Doyon	
STREET ADDRESS	4640 Carver St.	
CITY-ST-ZIP	Lake Worth, FL 33463	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Simone Doyon	
STREET ADDRESS	352 Davis Rd.	
CITY-ST-ZIP	Palm Springs, FL 33461	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Marc Doyon	
STREET ADDRESS	4640 Carver St.	
CITY-ST-ZIP	Lake Worth, FL 33463	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Marc Doyon	
STREET ADDRESS	4640 Carver St	
CITY-ST-ZIP	Lake Worth, FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Marc Doyon (President)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/01 (Sd) 351-4442

CR2E034 (10/00)

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