

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/11  
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**FILED**  
**Jun 29, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91635 001 \*\*\*150.00  
05-18-2001 91635 002 \*\*\*\*\*8.75

**DOCUMENT # P00000054406**

1. Entity Name

**SAFE-TECH EXTERMINATORS, INC.**

Principal Place of Business

10418 S.W. 53 ST.  
COOPER CITY FL 33328

Mailing Address

10418 S.W. 53 ST.  
COOPER CITY FL 33328

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

**65-1040 586**

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

**POST, ERIC T**  
**10418 S.W. 53 ST.**  
**COOPER CITY FL 33328**

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

9. This corporation is eligible to satisfy its intangible

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	Eric Thomas Post	10418 S.W. 53 Street	Cooper city FL 33328	<input type="checkbox"/>
Director	Eric Thomas Post	10418 S.W. 53 Street	Cooper city FL 33328	<input type="checkbox"/>
Treasurer	Eric Thomas Post	10418 S.W. 53 Street	Cooper city FL 33328	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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

4/29/01

Date

(954) 252-8640

Daytime Phone #

CR2E034 (10/00)