## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**SUNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P000000 82980 FILED Commercial Hood + Trap Services, Inc. 03 JUN - 5 PM 4: 41 SECRETARY OF STATE DO NOT WRITE IN THIS SPACE TALLAHASSEE, FLORIDA 2. Principal Place of Business 1940 NW 22-d Street 3. Mailing Address 2101 Middle River Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Pompano 4. FEI Number 65-0851191 Applied For Louderdale Beach Not Applicable Country \$8.75 Additional ₹3069 3<sup>3</sup>3305 Fee Required 7. Name and Address of Current Registered Agent Michael (Picazio DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 2101 Middle River CityFart Laudendale 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. I am familiar with, and accept the obligations of registered agent. January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. NAME Michael J. Picazio STREET ADDRESS 2101 Middle River Orive 300020826565 NAME STREET ADDRESS fort Lauderdale FL 33305 CITY: ST- ZIP THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST. 70 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CTTY-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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SK

Michael J. Picazio

6-4-03

954-590-2102

ne" | |

OR250346 (1202)

## Commercial Hood & Trap Services

June 4, 2003

Division of Corporations, Department of State

Dear Sir or Madam:

I have not received my Uniform Business Report. I have discovered the mailing address you have on file (1641 South Ocean Drive, Fort Lauderdale FL) is incorrect. The correct address is 2101 Middle River Drive, Fort Lauderdale FL 33305. Please accept the enclosed \$450.00 payment and waive the late fees from this account.

Sincerely,

Michael J. Picazio President