

Amended
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUL 26 PM 3:11

DOCUMENT # P00000093972

1. Entity Name

NASSAU PEST CONTROL INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10391-6 OLD ST AUG AD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

32257

Country

USA

Zip

Country

4. FEI Number

59-7192540

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ERIBERTO GONZALES

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

10395 TRIPLE CROWN

City JACKSONVILLE

FL

Zip 32257

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME MACELINDA C. LABAD
STREET ADDRESS 7620 CLUB DU CLAY DR JAX 32244
CITY-ST-ZIP

TITLE Vice President
NAME VICTOR LABAD
STREET ADDRESS 7620 CLUB DU CLAY DR
CITY-ST-ZIP JACKSONVILLE, FL 32244

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR LABAD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/02 (904) 262-5461
Date Daytime Phone #

CR2E034B (12/01)