

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90483 001 \*\*\*163.75

0621535

**DOCUMENT # P00000105394**

1. Entity Name

**STINGERS PEST CONTROL, INC.**

Principal Place of Business

965 N KNOB HILL ROAD . PO BOX 174  
PLANTATION FL 33324

Mailing Address

965 N KNOB HILL ROAD . PO BOX 174  
PLANTATION FL 33324

**U0037450**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

965 N. NOB Hill Rd

3. Mailing Address

Suite, Apt. #, etc.

#174

Suite, Apt. #, etc.

SAME

City & State

plantation, FL

City & State

Zip

33324

Country

BROWARD

Zip

Country

4. FEI Number

65-1055830

Applied For

Not Applicable

5. Certificate of Status Desired

☒ A

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZIFRONY, MATTHEW ESQ  
C/O TRIPP SCOTT PA  
110 SE 6TH STREET 15TH FLOOR FL 33301

7. Name and Address of New Registered Agent

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  
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. ☒ A

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PRESIDENT  
NAME: ELI TAIES  
STREET ADDRESS: 9135 Rumburwood DR. - Coral Springs FL 33071  
CITY-ST-ZIP: 33071

☐ Delete

TITLE: V.P.  
NAME: Rafael Croveto  
STREET ADDRESS: 9657 Riverside DR. #H7 Coral Springs FL 33071  
CITY-ST-ZIP: 33071

☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☒ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☒ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

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

Eli Taies

4/10/01

(954) 344-9994

CR2E034 (10/00)