

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90486 026 \*\*\*150.00

0045961 SP

**DOCUMENT # P00000105394**

**1. Entity Name**  
**STINGERS PEST CONTROL, INC.**

**Principal Place of Business**      **Mailing Address**  
**965 N KNOB HILL ROAD . # 174**      **965 N KNOB HILL ROAD . # 174**  
**PLANTATION FL 33324**      **PLANTATION FL 33324**

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country **BROWARD**      Zip      Country

**4. FEI Number** **65-1055830**      **Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$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]* **ELI TAIEB PRES** **3/25/02**  
Signature of officer or director 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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>TASES, ELS</b>
<b>STREET ADDRESS</b>	<b>9135 RUMBLEWOOD DR</b>
<b>CITY-ST-ZIP</b>	<b>CORAL SPRINGS FL 33071</b>
<b>TITLE</b>	<b>VP</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>CROVETTO, RAFAEL</b>
<b>STREET ADDRESS</b>	<b>9657 RIVERSIDE DRIVE APT #H-7</b>
<b>CITY-ST-ZIP</b>	<b>CORAL SPRINGS FL 33071</b>
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PRES</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>TAIEB ELI</b>
<b>STREET ADDRESS</b>	<b>9135 RUMBLEWOOD DR #118</b>
<b>CITY-ST-ZIP</b>	<b>CORAL SPRNG FL 33071</b>
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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]* **ELI TAIEB PRES** **3/25/02** **954-344-9994**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/01)