

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State
 02-15-2001 90039 042 ***150.00

0129451

DOCUMENT # P00000105644

1. Entity Name

ELIMINEX PEST CONTROL, INC.

Principal Place of Business

10842 NORTHWEST 34TH COURT
 CORAL SPRINGS FL 33065

Mailing Address

10842 NORTHWEST 34TH COURT
 CORAL SPRINGS FL 33065

00017409



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8209 N. PINE ISLAND RD.

3. Mailing Address

8209 N. PINE ISLAND RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 200

SUITE # 200

City & State

TAMARAC, FL.

City & State

TAMARAC, FL.

4. FEI Number

65-1056051

Applied For

Not Applicable

Zip

33321

Country

BROWARD

Zip

33321

Country

BROWARD

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **TUCKER, ERROL P**
 CITY-ST-ZIP **10842 NORTHWEST 34TH COURT**
CORAL SPRINGS FL 33065

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **TUCKER, COLLETTE S**
 CITY-ST-ZIP **10842 NORTHWEST 34TH COURT**
CORAL SPRINGS FL 33065

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **TUCKER, JOHN H**
 CITY-ST-ZIP **10842 NORTHWEST 34TH COURT**
CORAL SPRINGS FL 33065

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

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

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:

John H. Tucker
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN H. TUCKER

2/8/01

954-255-5536

Date

Daytime Phone #

CR2E034 (10/00)