

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000015808

1. Entity Name  
ODOR CONTROL PRODUCTS AND EQUIPMENT, INC.

Principal Place of Business  
224 DATURA STREET STREET 910  
WEST PALM BEACH FL 33401

Mailing Address  
224 DATURA STREET STREET 910  
WEST PALM BEACH FL 33401

91 Spring Glen Dr.

P.O. Box 530339

2. Principal Place of Business  
~~149 N. W. 1st St. Ft. Lauderdale, FL 33301~~  
Suite, Apt. #, etc.

3. Mailing Address  
~~149 N. W. 1st St. Ft. Lauderdale, FL 33301~~  
Suite, Apt. #, etc.

City & State  
De Bary, FL

City & State  
De Bary, FL

Zip 32713 Country U.S.A.

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04 JUN 14 PM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3200644 Applied For Not Applicable

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

ESKUCHEN, MARTHA S ESQ  
14041 US HWY ONE  
JUNO BEACH FL 33408

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, KRISTEN L	
STREET ADDRESS	224 DATURA STREET STREET 910	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>149 N. W. 1st St. Ft. Lauderdale, FL 33301</del>	
STREET ADDRESS	<del>149 N. W. 1st St. Ft. Lauderdale, FL 33301</del>	
CITY-ST-ZIP	<del>149 N. W. 1st St. Ft. Lauderdale, FL 33301</del>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	91 Spring Glen Dr.	
STREET ADDRESS	De Bary, FL 32713	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700037943137	
STREET ADDRESS	06/14/04--01060--019 **858.75	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Kristen L Bennett  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/2002

Date

Daytime Phone #

407-761-9659  
215-915-3665

CR2E034 (9/01)

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