

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91433 002 \*\*\*150.00

**DOCUMENT # P01000042213**

1. Entity Name  
**PARAMOUNT TERMITE & PEST CONTROL, INC.**



Principal Place of Business  
**9900 STIRLING ROAD  
SUITE 220  
COOPER CITY FL 33024**

Mailing Address  
**9900 STIRLING ROAD  
SUITE 220  
COOPER CITY FL 33024**

2. Principal Place of Business

**4650 S.W. 51st Street**

3. Mailing Address

**4650 S.W. 51st Street**

Suite, Apt. #, etc.

**Bay 715**

Suite, Apt. #, etc.

**Bay 715**

City & State

**Davie, FL.**

City & State

**Davie, FL.**

Zip

**33314**

Country

**U.S.A.**

Zip

**33314**

Country

**U.S.A.**

4. FEI Number

**65-1098595**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PATTEN, VIRGINIA  
9900 STIRLING ROAD  
SUITE 220  
COOPER CITY FL 33024**

7. Name and Address of New Registered Agent

Name

**VIRGINIA PATTEN**

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

**4650 S.W. 51st Street, Bay 715**

City **Davie**

**FL**

Zip Code

**33314**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Virginia Patten*  
Signature, typed or printed name of registered agent and title if applicable.

**PRESIDENT, VIRGINIA PATTEN**

**04/24/03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **PATTEN, VIRGINIA**  
STREET ADDRESS **8930 STATE RD. 84, PMB 302**  
CITY-ST-ZIP **DAVIE FL 33324**

TITLE ☐ Delete  
NAME **-**  
STREET ADDRESS **-**  
CITY-ST-ZIP **-**

TITLE ☐ Delete  
NAME **-**  
STREET ADDRESS **-**  
CITY-ST-ZIP **-**

TITLE ☐ Delete  
NAME **-**  
STREET ADDRESS **-**  
CITY-ST-ZIP **-**

TITLE ☐ Delete  
NAME **-**  
STREET ADDRESS **-**  
CITY-ST-ZIP **-**

TITLE ☐ Delete  
NAME **-**  
STREET ADDRESS **-**  
CITY-ST-ZIP **-**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VICE - PRESIDENT** ☐ Change ☒ Addition  
NAME **SCOTT SMITH**  
STREET ADDRESS **4650 S.W. 51st Street, Bay 715**  
CITY-ST-ZIP **Davie, FL. 33314**

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Virginia Patten*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/24/03**

Date

**(954) 625-6364**

Daytime Phone #

CR2E034 (10/02)