2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000072616 **DOCUMENT #**

1. Entity Name

SIGNATURE:

PEST CONTROL DIVISION INC.



FILED Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90242 001 ***150.00

Daytime Phone #

						COD WE THE						
Principal Place of Business 13800 S.W. 8TH ST. SUITE 216 MIAMI FL 33184			13800 SUITE	Mailing Address 13800 S.W. 8TH ST. SUITE 216 MIAMI FL 33184								
2. Principal Place of Business			3. Mai	3. Mailing Address				: 	 	 	LETE DITI 1884	
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4, 1	4. FEI Number 65-1142025			plied For	
Oity & State								00-11420			t Applicable	
Zip Country		Zip			try		5. Certificate of Status Desired See Required Fee Required					
		and Address	of Current Register	Registered Agent Name				7. Name and Address of New Registered Agent				
OTEDO O				به ۱۰۰۰ مر	· ·							
OTERO, C				Street Add			ess (P.O. 8	s (P.O. Box Number is Not Acceptable)				
13800 S.W SUITE 216	-											
MIAMI FL						City			FL	Zip Cod	e	
8. The above named entity submits this statement for the purpose of changing its required. 8. The above named entity submits this statement for the purpose of changing its required.						•	_			<u></u> .		
the obligati	ons of regis	stered agent.	gistered agent and title if ap		_	ed Agent signature re			DATE			
After	May 1, 20		\$550.00 artment of State					Election Campaign Trust Fund Contrib DDITIONS/CHANGES TO	ution.	Added	May Be to Fees	
10.	50	OFFI	CERS AND DIRECTO		11.		AL	DUTTONS/CHANGES TO	OFFICENS AND	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		CARLOS J W. 8TH ST. . 33184		☐ Delete		l l					!	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1		,		Change	Addition	
TITLE				☐ Delete	ודור	.E				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		. J. Bonseld . He	un Parisa (حمد بحد عرب	STF	ME IEET ADDRESS Y-ST-ZIP		in the second of	پاسمپنگی ۱۰ معد			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	,	☐ Delete		I .	-			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	:	,		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TIT NA STI	LE				☐ Change	Addition	
12. I hereby indicated	I on this rep	ort or suppleme	upplied with this filin ntal report is true an Justee empowered to n appeass, with all o	accurate and that n execute this repo	at my sign ort as real	emption stated ature shall have pired by Chapte	in Section the same or 607, Flo	n 119.07(3)(i), Florida Statu e legal effect as if made un rida Statutes; and that my	ites. I further cer ider oath; that I a name appears in	tify that the Im an office in Block 10 c	information or or director or Block 11 if	