## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 31, 2002 8:00 am **DOCUMENT#** Secrétary of State P01000073027 1. Entity Name 07-31-2002 90093 040 \*\*\*150.00 APC PEST PROTECTION, INC. Principal Place of Business Mailing Address 800 CORPORATE DRIVE SUITE 420 D013305H 800 CORPORATE DRIVE SUITE 420 **EORT LAUDERDALE PL 33334** EORT LAUDERDALE FL 33334-2. Principal Place of Business 3. Mailing Address 150 SE 1150 <u>5E</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 651130318 Not Applicable Country 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 NADEL, HOWARD B BUND 800 CORPORATE DRIVE SUITE 420 1150 FORT LAUDERDALE FL 33334 Zip Code 33060 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE MANNE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MES. ☐ Defete TITLE ☐ Addition NAME ARTHUR MANNO NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 30<u>60</u> CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

ARTHUR MANNO

## attachmen+

# POIOO073027

July 24, 2002

Florida Department of State Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

Dear Sirs,

Regarding your recent 'Uniform Business Report', I called your office when I received the notice this week to let you know that this was the first mailing I have received. Your representative told me to write a letter explaining the situation and mail it with the original payment of \$150.00 ASAP, which I am doing. Also, the address on your records is incorrect, it should read:

APC Pest Protection, INC. 1150 SE 7<sup>th</sup> Ave Pompano Bch, FL 33060 Attn: Arthur Manno

Note: This maybe the reason for the crossed mail?

Please correct records and let me know if any other information is required.

Sincerely,

Arthur Manno