## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** Jun 06, 2000 8:00 am Secretary of State DOCUMENT # P94000015043 1. Entity Name AMERICAN RODENT AND SMALL ANIMAL CONTROL, INC. 06-06-2000 90483 041 \*\*\*150.00 Mailing Address Principal Place of Business 811 E. HILLSBORO BLVD. 811 E. HILLSBORO BLVD. BLDG. D 204 BLDG. D 204 A9966831 DEERFIELD BEACH FL 33441-3521 DEERFIELD BEACH FL 33441 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0459581 Not Applicable Country \$8.75 Additional Country Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCLONI, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 811-E:HILLSBORO-BLVD BLDG D #204 **DEERFIELD BEACH FL 33441** Zip Code pose of changing its registered office or registered agent, or both, in the State of Florida 8. The above name ntity submits this statemer SIGNATUR (NOTE: Registered Agent signature required when reinstating) agent and fille if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change Addition Delete TITLE MELONI, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 811 E. HILLSBORO BLVD., BLDG. D CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Change \_\_ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS -Street address CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 dustee 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 the propowered.

Daytime Phone #