2002 UNIFORM BUSINESS REPORT (UBR)

P94000081855 **DOCUMENT #** 1. Entity Name

MERCURY PEST CONTROL, INC.

Principal Place of Business

Mailing Address

9880 S.W. 73RD ST. MIAMI FL 33173-4630 9880 S.W. 73RD ST.

MIAMI FL 33173-4630

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	•
City & State	City & State	



DO NOT WRITE IN THIS SPACE

							_		
City & State		City & State	City & State		4. FEI Number 65-0532385		Applied For		
					0070032300		Not Applicable		
Zip	Country	Zip	Zip Cour		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				
•	VARIA E	ت شد خدد	•	FRANCE Street Address (ISCO J. NODNIGUE P.O. Box Number is Not Acceptable)	2	<u> </u>		
9880 S.W. 73F	RD\ST.			9880	300 1951				
MIAMI FL 3317	73-4630			MIAM	/		_		

MIAMI

signature required when reinstating)

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.

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See Citie)	na on back)	y ex	Make Check Payable	to Department	OI State					
11.	OFFICERS	AND DIF	RECTORS	12.		DITIONS/CHAN				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, MARIA E 9880 S.W. 73RD ST. MIAMI FL 33173 4630		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PHES-S FLANC 9880	SteT- 7 ISEO J. SW 73	RES (T ROPKI ST M	O) GUB IA F	□ Change Z ∠ 331	> Addition 73-4630
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	ريونيوندي والمريد المريد المري		Delete "	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, the Livingson	en de la la Stage en la managé	المهموسة والمراجعة		· ≔	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition

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 amaddress, with all other five empowered.

Daytime Phone #