

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2000 8:00 am
Secretary of State
 02-17-2000 90069 007 ***150.00

DOCUMENT # P95000006872

1. Entity Name

LIGHTHOUSE PEST CONTROL, INC.

Principal Place of Business

Mailing Address

N.W. 51ST AVE.
 COCONUT CREEK FL 33073

5591 N.W. 51ST AVE.
 COCONUT CREEK FL 33073-3731

80822644



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0551554

Applied For

Not Applicable

Zip

Country

Zip

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

Name

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

City

FL

Zip Code

GREENE, MICHAEL E

800 CORPORATE DR., STE. 602

FT. LAUDERDALE FL 33334

9900 W. Sample Rd, Suite 324
COVAL Springs FL 33065

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NIEVES, LUIS | |
| STREET ADDRESS | 5591 N.W. 51 AVE. | |
| CITY-ST-ZIP | COCONUT CREEK FL 33973 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| NAME | |
| STREET ADDRESS | |
| 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

Luis Enrique Nieves 2/10/00 954 925-9449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)