

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

0349401 AV

DOCUMENT # P95000020268

1. Entity Name
COMBAT PEST CONTROL, INC.



04-30-2003 90038 022 ***150.00

Principal Place of Business
2255 SW 70 AVE
BLDG #3
DAVIE FL 33317

Mailing Address
2255 SW 70 AVE
BLDG #3
DAVIE FL 33317



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0562057**

Applied For
Not Applicable

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

BOGGS, BRIAN K
4946 N.W. 50TH STREET
COCANUT CREEK FL 33073

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Delete
NAME **PINIZOTTI, MYRON**
STREET ADDRESS **2919 MYRTLE OAK CIR**
CITY-ST-ZIP **DAVIE FL 33328**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **PINIZOTTI, JANICE**
STREET ADDRESS **2919 MYRTLE OAK CIR**
CITY-ST-ZIP **DAVIE FL 33328**

☒ Change ☐ Addition
TITLE **DP**
NAME **PINIZOTTI, JANICE**
STREET ADDRESS **2919 MYRTLE OAK CIR**
CITY-ST-ZIP **DAVIE, FL - 33328**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Janice Pinizotti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03

954-718-3408

Date

Daytime Phone #

CR2E034 (10/02)

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

11026679

TYPE OR
PRINT IN
PERMANENT
BLACK INKCERTIFICATE OF DEATH
FLORIDA

1. DECEDENT'S NAME (AKA) FIRST Mike MIDDLE A. LAST Pinizotti		2. SEX Male	
3. DATE OF DEATH (Month, Day, Year) January 22, 2003		4. SOCIAL SECURITY NUMBER 058-34-8486	
5. DATE OF BIRTH (Month, Day, Year) July 8, 1941		6. BIRTHPLACE (City and State or Foreign Country) Niagara Falls, New York	
7a. PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL: Inpatient <input type="checkbox"/> EROutpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify) _____		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No	
9a. FACILITY NAME (If not institution, give street and number) 2919 Myrtle Oak Circle		9b. INSIDE CITY LIMITS? (Yes or No) Yes	
10. DECEDENT'S USUAL OCCUPATION Owner		11. MARITAL STATUS - Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married	
12. SURVIVING SPOUSE (If wife, give maiden name) Janice Palumbo		13. COUNTY OF DEATH Broward	
14. RESIDENCE - STATE Florida		15. CITY, TOWN, OR LOCATION Davie	
16. INSIDE CITY LIMITS? (Yes or No) Yes		17. ZIP CODE 33328	
18. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) No		19. RACE - American Indian, Black, White, etc. White	
20. DECEDENT'S EDUCATION (Specify only highest grade completed) 4		21. FATHER'S NAME (First, Middle, Last) Anthony Pinizotti	
22. MOTHER'S NAME (First, Middle, Maiden Surname) Elizabeth Catafalo		23. INFORMANT'S NAME (Type/Print) Janice Pinizotti	
24. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2919 Myrtle Oak Circle, Davie, Florida 33328		25. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____	
26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Fred Hunter Crematory		27. LOCATION - City or Town, State Hollywood, Florida	
28. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH May M. Seabury		29. LICENSE NUMBER (of Licensee) 4190	
30. NAME AND ADDRESS OF FACILITY Fred Hunter Funeral Home		31. ADDRESS 2401 S. University Drive, Davie, FL	
32. On the basis of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) Frederick Wittlin, MD		33. DATE SIGNED (Mo., Day, Yr) 1/23/03	
34. HOUR OF DEATH 10:15 A		35. MEDICAL EXAMINER'S CASE # 234	
36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Frederick Wittlin, MD		37. ADDRESS 1150 N. 35th Avenue, Hollywood, FL	
38. SUPERVISOR - SIGNATURE AND DATE Debra H. Bann 1/27/03		39. LOCAL REGISTRAR - SIGNATURE Donna Owens	
40. DATE REGISTERED JAN 27 2003		41. PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock. Approximate Interval	

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

Donna Owens
Deputy Chief RegistrarJAN 28 2003
State RegistrarWARNING:
14267578

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF
HEALTH

DOH FORM 1564 (10-98)

CERTIFICATION OF VITAL RECORD