

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000064373

1. Entity Name

APEX TERMITE AND PEST CONTROL, INC.

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90157 035 \*\*\*150.00

Principal Place of Business

12990 SW 132 AVE  
MIAMI FL 33186  
US

Mailing Address

12990 SW 132 AVE  
MIAMI FL 33186  
US

00000000

2. Principal Place of Business

12991 S.W. 132 COURT

3. Mailing Address

12991 S.W. 132 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number 65-0602789

Applied For

Not Applicable

Zip

33186

Country

U.S.A.

Zip

33186

Country

U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, RICHARD  
12990 SW 132 AVE  
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

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

12991 S.W. 132 COURT

City

MIAMI

FL

Zip Code

33186

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

4/9/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	HERNANDEZ, RICHARD	
STREET ADDRESS	12990 SW 132 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VST	<input type="checkbox"/> Delete
NAME	CAMPBELL, CAROLYN	
STREET ADDRESS	12990 SW 132 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	DPC	<input type="checkbox"/> Delete
NAME	CAMPBELL, MICHAEL	
STREET ADDRESS	12990 SW 132 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	12991 S.W. 132 COURT
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	12991 S.W. 132 COURT
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	12991 S.W. 132 COURT
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/01

0235279

CR2E034 (10/00)