

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000002569

1. Entity Name

PRO TEC PEST CONTROL, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90033 007 ***150.00

Principal Place of Business

Mailing Address

~~8821 NW 38TH DR #302~~
~~CORAL SPRINGS FL 33065~~

~~8821 NW 38TH DR #302~~
~~CORAL SPRINGS FL 33410-4632~~

2. Principal Place of Business

3. Mailing Address

4388 Golfer's Circle West 4388 Golfer's Circle West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0631025

Applied For

☒ Not Applicable

Zip

33410

Country

USA

Zip

33410

Country

USA

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

FISHER, HAROLD
8821 NW 38TH DR #302
CORAL SPRINGS FL 33065

Name

Harold Fisher

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

4388 Golfer's Circle West

City

Palm Beach Gardens

FL

Zip Code

33410

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

4/1/00

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, 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	A	<input type="checkbox"/> Delete
NAME	FISHER, HAROLD	
STREET ADDRESS	8821 N W 38TH DR #302	
CITY-ST-ZIP	CORAL SP 33065	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FLOYD W BRUENING	
STREET ADDRESS	6418 NW 28TH LANE	
CITY-ST-ZIP	MARGATE FL 33063	Remove
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	MICHAEL, ZAHRECIYAN	
STREET ADDRESS	5581 COACH HOUSE CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33486	Remove
TITLE	CEO	<input type="checkbox"/> Delete
NAME	GRUBER, SONJA	
STREET ADDRESS	4388 GOLF CIR. W.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
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"/> 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	
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 links empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/00

Date

Daytime Phone #

561-624-9700
954-821-1804

CR2E034 (9/99)