

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**  
 04-24-2001 90001 001 \*\*\*150.00

0289114

**DOCUMENT # P96000002569**

1. Entity Name  
**PRO TEC PEST CONTROL, INC.**

Principal Place of Business  
**4388 GOLFERS CIRCLE WEST**  
**WEST PALM BEACH FL 33410**

Mailing Address  
**4388 GOLFERS CIRCLE WEST**  
**WEST PALM BEACH FL 33410**

642550



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0631025</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>FISHER, HAROLD</b> <b>4388 GOLFERS CIRCLE WEST</b> <b>WEST PALM BEACH FL 33410</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.

SIGNATURE *Harold Fisher* Fisher, Harold 1/29/01  
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. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>A FISHER, HAROLD</b> <b>8821 N W 38TH DR #302</b> <b>CORAL SP 33065</b> <input type="checkbox"/> Delete <b>Moved →</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Advisor Fisher, Harold</b> <b>4388 Golf Circle W.</b> <b>Palm Beach Gdns, FL 33410</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>CEO GRUBER, SONJA</b> <b>4388 GOLF CIR. W.</b> <b>PALM BEACH GARDENS FL 33410</b> <input type="checkbox"/> Delete <b>Married →</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>CEO Fisher, Sonja</b> <b>4388 Golf Circle W.</b> <b>Palm Beach Gdns, FL 33410</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Harold Fisher* 3-19-01 561-624-9700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)