

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000055768****1. Entity Name**
EXTERMCO, INC.**FILED**
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90163 016 ***150.00

Principal Place of Business**Mailing Address****4411 N.E. 15TH TERRACE**
OAKLAND PARK FL 33334**4411 N.E. 15TH TERRACE**
OAKLAND PARK FL 33334**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 **65-0683719**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****SULLIVAN, PAUL J**
411 N.E. 15TH TERRACE
OAKLAND PARK FL 33334

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.**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.**
(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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **PO** ☐ Delete
NAME **SULLIVAN, PAUL J**
STREET ADDRESS **4411 N.E. 15TH TERRACE**
CITY-ST-ZIP **OAKLAND PARK FL 33334****TITLE** **STD** ☒ Delete
NAME **ANDERSON, CRIS D**
STREET ADDRESS **8600 S.W. 20TH ST.**
CITY-ST-ZIP **NORTH LAUDERDALE FL 33068****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☒ Change ☐ Addition
NAME **STD ANDERSON CRIS D.**
STREET ADDRESS **13835 48th N.**
CITY-ST-ZIP **ROYAL PALM BEACH 33411 FLA****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ 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:** *Paul J Sullivan Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*1/22/01 954 491 4625*
Date Daytime Phone #

CR2E034 (10/00)