

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90213 028 \*\*\*150.00

**DOCUMENT #** P96000086576

**1. Entity Name**

SOUTHCOAST PEST CONTROL, INC.

**Principal Place of Business**

**Mailing Address**

1880 NE 23rd Terrace  
 Jensen Beach, FL 34957

1880 NE 23rd Terrace  
 Jensen Beach, FL 34957

**2. Principal Place of Business**

3849 NE Linda Dr.

**3. Mailing Address**

3849 NE Linda Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

JENSEN BEACH FL

**City & State**

JENSEN BEACH FL

**4. FEI Number**

650700891

**Applied For**

Not Applicable

**Zip**  
34957

**Country**  
US

**Zip**  
34957

**Country**  
US

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

SALICA, DANIEL  
 1880 NE 23rd Terrace  
 Jensen Beach, FL 34957

**7. Name and Address of New Registered Agent**

**Name** SALICA, DANIEL  
**Street Address (P.O. Box Number is Not Acceptable)**  
 3849 NE LINDA DR.  
**City** JENSEN BEACH **FL** **Zip Code** 34957

**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**

*[Handwritten Signature]*

DANIEL SALICA

4/26/01

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)

**10. Election Campaign Financing Trust Fund Contribution.**

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SALICA, DANIEL	1880 NE 23rd Terrace	Jensen Beach, FL 34957	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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:** *[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL SALICA 4/26/01 561-486-1881  
Date Daytime Phone #

A0065365

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)