

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086834

1. Entity Name

ASSET PEST CONTROL, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90010 036 ***150.00

Principal Place of Business

1560 SOUTH WEST 4TH AVENUE
BOCA RATON FL 33432

Mailing Address

1560 SOUTH WEST 4TH AVENUE
BOCA RATON FL 33432-7207

2. Principal Place of Business

3500 NW Boca Raton Blvd.

3. Mailing Address

3500 NW Boca Raton Blvd.

Suite, Apt. #, etc.

723

Suite, Apt. #, etc.

723

City & State

City & State

Zip

33431

Country

Zip

33431

Country

4. FEI Number

65-0703723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SLOTTER, DENNIS L
1560 SOUTH WEST 4TH AVENUE
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

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, 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

TITLE P
NAME SLOTTER, DENNIS
STREET ADDRESS 1560 SW 4 AVE
CITY-ST-ZIP BOCA RATON FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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 an officer or director empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)