

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90010 015 ***550.00

0020054
AV**DOCUMENT # P96000091205**

1. Entity Name

COMMAND PEST CONTROL, INC.

LR

Principal Place of Business

**STE. 110, 1101 E. SAMPLE RD.
POMPANO BEACH FL 33064**

Mailing Address

**STE. 110, 1101 E. SAMPLE RD.
POMPANO BEACH FL 33064**

00059783



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1101 E. SAMPLE ROAD

3. Mailing Address

Suite, Apt. #, etc.

#106

City & State

POMPANO FL

City & State

4. FEI Number

65-0710641

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

Zip

33064

Country

Zip

Country

6. Name and Address of Current Registered Agent

FILINGS, INC.**3732 N.W. 16TH STREET****FT. LAUDERDALE FL 33311-4132**

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 \$550.00**
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GALVAGNI, DAVID**
STREET ADDRESS **STE. 110, 1101 E. SAMPLE RD.**
CITY-ST-ZIP **POMPANO BEACH FL 33064**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **GALVAGNI, DAVID**
STREET ADDRESS **1101 E. SAMPLE RD #106**
CITY-ST-ZIP **POMPANO, FL 33064**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/01

Date

954-943-000P

Daytime Phone #

CR2E034 (5/01)