

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90735 028 ***150.00

DOCUMENT # **P97000052606**

1. Entity Name

CARIBBEAN EXTERMINATING, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6287 CHARLICH ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

4. FEI Number

59-3455984

Applied For

Not Applicable

Zip

33624

Country

HILLSB

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

80061770

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

RUBEN RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)

4924 DEWEY ROSE CT

City

TAMPA

FL

Zip Code

33624

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)

3/28/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

**PRESIDENT
RUBEN RODRIGUEZ
4924 DEWEY ROSE CT
TAMPA, FL 33624**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02 813-961-0210

Date

Daytime Phone #

CR2E034B (12/01)