

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005276

1. Entity Name

NATIONAL PESTS EXTERMINATORS & HOME INSPECTION S

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90006 046 ***150.00

Principal Place of Business Mailing Address
6412 NORTH UNIVERSITY DRIVE #116 6412 NORTH UNIVERSITY DRIVE #116
TAMARAC FL 33321 TAMARAC FL 33321-4002
US US

2. Principal Place of Business 3. Mailing Address
601 N.W. 183RD ST P.O. BOX 450046
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI FLORIDA SUNRISE FLA

Zip Country Zip Country
33169 DADE 33345 Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0830098 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

OLUKOLU, OLUSOJI
6412 NORTH UNIVERSITY DRIVE #116
TAMARAC FL 33321
Name NONE
Street Address (P.O. Box Number is Not Acceptable) NONE
City NONE 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 DATE 4/22/2000
(NOTE: Registered Agent signature required when reinstating)

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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	OLUSOJI, OLUKOLU	P O BOX 4500116	SUNRISE FL 33345	<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"/>
				<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: DATE 4/30/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)