

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**  
 05-22-2002 90161 041 \*\*\*150.00

CR45377 AV

**DOCUMENT # P98000005276**

**1. Entity Name**  
**NATIONAL PESTS EXTERMINATORS & HOME INSPECTION S**  
**ERVICE INCORPORATED**

**Principal Place of Business**  
 4381 ROCK ISLAND ROAD  
 LAUDERHILL FL 33319  
 US

**Mailing Address**  
 PO BOX 450046  
 SUNRISE FL 33345  
 US



**2. Principal Place of Business**

4381, Rock Island Road  
 LAUDERHILL

**3. Mailing Address**

P.O. Box 450046  
 SUNRISE

DO NOT WRITE IN THIS SPACE

**City & State**  
 FLORIDA

**City & State**  
 FLORIDA

**4. FEI Number** 65-0830098

**Applied For**  
 Not Applicable

**Zip** 33319

**Country** U.S.A.

**Zip** 33345

**Country** USA

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

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

OLUKOLU, OLUSOJI  
 6412 NORTH UNIVERSITY DRIVE #116  
 TAMARAC FL 33321

**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, 2002 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**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	OLUSOJI, OLUKOLU	
<b>STREET ADDRESS</b>	PO BOX 450046	
<b>CITY-ST-ZIP</b>	SUNRISE FL 33345	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
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<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/30/02 947 720-7024  
 Date Daytime Phone #

CR2E034 (9/01)