

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018430

1. Entity Name

WE CARE TERMITE & PEST CONTROL, INC.

FILED

Feb 16, 2001 8:00 am  
Secretary of State

02-16-2001 90023 048 \*\*\*150.00

Principal Place of Business

2522 NE 11TH COURT #2  
FT. LAUDERDALE FL 33304

Mailing Address

2522 NE 11TH COURT #2  
FT. LAUDERDALE FL 33304

2. Principal Place of Business

6761 NW 22ND TER

Suite, Apt. #, etc.

3. Mailing Address

6761 NW 22ND TER

Suite, Apt. #, etc.

City & State

FT. LAUD, FL

City & State

FT. LAUD, FL

4. FEI Number

65-0816262

Applied For

Not Applicable

Zip

33309

Country

USA

Zip

33309

Country

USA

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

MYERS, PEG

9501 SEAGRAPE DR. #104

FT. LAUDERDALE FL 33324

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, 2001 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 ☐ Delete  
NAME P  
STREET ADDRESS D'ERMILIO, FRANK  
CITY-ST-ZIP 2522 NE 11CT #2  
FT LAUDERDALE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ 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:

*Frank D'Ermino*

FRANK D'ERMILIO, Pres.

Date

Daytime Phone #

2-1301 954-979-3561

CR2E034 (10/00)