

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90103 037 ***150.00

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1. Entity Name
PROTECH PEST MANAGEMENT, INC.



Principal Place of Business
**10156 N.W. 41 ST.
MIAMI FL 33178**

Mailing Address
**10156 N.W. 41 ST.
MIAMI FL 33178**



2. Principal Place of Business
1901 63RD AVE N.

3. Mailing Address
PO BOX 47116

Suite, Apt. #, etc.
ST. PETERSBURG, FL

Suite, Apt. #, etc.
ST. PETERSBURG, FL

City & State

City & State

4. FEI Number **65-0843392**

Applied For
Not Applicable

☐ CHECK HERE IF MAKING CHANGES

Zip
33702

Country
USA

Zip
33747

Country

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

6. Name and Address of Current Registered Agent

**MARTINEZ, ANIBAL E
10156 N.W. 41 ST.
MIAMI FL 33178**

7. Name and Address of New Registered Agent

Name

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

**8201 YANDLEY AVE N.
ST. PETERSBURG, FL**

City

FL

Zip Code
33710

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MARTINEZ, ANIBAL E**
STREET ADDRESS **10156 N.W. 41 ST.**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **VP** ☐ Delete
NAME **TRIBON, RICHARD**
STREET ADDRESS **10156 NW 41 ST**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **8201 YANDLEY AVE N.**
CITY-ST-ZIP **ST PETERSBURG, FL 33710**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1901 63RD AVE N.**
CITY-ST-ZIP **ST. PETERSBURG, FL 33702**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE RECANBARD MARTINEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/03

Date

727/551-6191

Daytime Phone #

CR2E034 (10/02)