

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085534

1. Entity Name

PIERCE PEST CONTROL, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90122 007 ***150.00

Principal Place of Business

Mailing Address

10835 SW 89 STREET
MIAMI FL 33176

10835 SW 89 STREET
MIAMI FL 33176-1366

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0870369

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

CALLAHAN, J.R.
249 WESTWARD DRIVE
MIAMI SPRINGS FL 33166

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

4/25/00

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PTD	PIERCE, MARVIN	10835 SW 89 STREET	MIAMI FL 33176	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPS	MARTIN, STEVE	1870 NE 117TH AVE.	SILVER SPRINGS FL 34488	<input type="checkbox"/>	VPS	STEVE MARTIN	10310 SW 136th	MIAMI FL 33186	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VP	KELLEY, BRIAN J	13924 SW 46TH TERR. UNIT B	MIAMI FL 33175	<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"/>	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARVIN C. PIERCE

DATE

4/25/00

DAYTIME PHONE #

305-275-2556

CR2E034 (9/93)