

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035954

1. Entity Name

J & L PEST CONTROL, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90115 016 ***158.75

Principal Place of Business

Mailing Address

204 N KETCH DR
SUNRISE FL 33326

204 N KETCH DR
SUNRISE FL 33326-2262

2. Principal Place of Business

3. Mailing Address

P.O. Box 266664

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Weston, FL

4. FEI Number

65-0912524

Applied For

Not Applicable

Zip

Country

33326

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

SALEM, JAMES
204 N KETCH DR
SUNRISE FL 33326

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, 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 ☐ Delete
NAME D
STREET ADDRESS SALEM, JAMES
CITY-ST-ZIP 204 N KETCH DR
SUNRISE FL 33326

TITLE ☐ Change ☒ Addition
NAME D, P, S
STREET ADDRESS Salem, James
CITY-ST-ZIP 204 N. Ketch Dr
Sunrise, FL 33326

TITLE ☐ Delete
NAME D
STREET ADDRESS SALEM, MARY LYNN
CITY-ST-ZIP 204 N KETCH DR
SUNRISE FL 33326

TITLE ☐ Change ☒ Addition
NAME D, V, T
STREET ADDRESS Mary Lynn Salem
CITY-ST-ZIP 204 N. Ketch Dr
Sunrise, FL, 33326

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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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

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:

James F. Salem James F. Salem

Jan 12, 2000

Date

954-389-7986

Daytime Phone #

CR2E034 (9/99)