

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000035954

FILED
Feb 09, 2002 8:00 AM
Secretary of State

Entity Name: J & L PEST CONTROL, INC.

Current Principal Place of Business:

204 N KETCH DR
SUNRISE, FL 33326

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 266664
WESTON, FL 33326

New Mailing Address:

P.O. BOX 267398
WESTON, FL 33326

FEI Number: 65-0912524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SALEM, JAMES
204 N KETCH DR
SUNRISE, FL 33326

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: SALEM, JAMES
Address: 204 N KETCH DR
City-St-Zip: SUNRISE, FL 33326

Title: DVT () Delete
Name: SALEM, MARY LYNN
Address: 204 N KETCH DR
City-St-Zip: SUNRISE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES F SALEM

DPS

02/09/2002

Electronic Signature of Signing Officer or Director

Date