

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90283 048 ***150.00

DOCUMENT # *P 9900004112*

1. Entity Name

*FLORIDA CHOICE PEST
CONTROL INC.*



DO NOT WRITE IN THIS SPACE

94077153

2. Principal Place of Business

1543-A DORADO DR.

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

KISSIMMEE, FL

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

34741

OSCEOLA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ADRIAN FERREIRA, JR.

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

1543-A DORADO DR.

City

KISSIMMEE

FL

Zip Code

34741

**DO NOT WRITE
IN THIS SPACE**

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

Adrian Ferreira Jr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<i>P</i>
NAME	<i>ADRIAN FERREIRA, JR.</i>
STREET ADDRESS	<i>1543-A DORADO DR.</i>
CITY-ST-ZIP	<i>KISSIMMEE, FL 34741</i>
TITLE	<i>V</i>
NAME	<i>ANTHONY FERREIRA</i>
STREET ADDRESS	<i>1543-A DORADO DR.</i>
CITY-ST-ZIP	<i>KISSIMMEE, FL 34741</i>
TITLE	<i>S</i>
NAME	<i>ANA FERREIRA</i>
STREET ADDRESS	<i>1543-A DORADO DR.</i>
CITY-ST-ZIP	<i>KISSIMMEE, FL 34741</i>
TITLE	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Adrian Ferreira Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04 407-301-9760

Date

Daytime Phone #

CR2E034B (12/02)