

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90409 018 ***150.00

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DOCUMENT # P99000042268

1. Entity Name

VAL'S PEST CONTROL, INC.



Principal Place of Business

~~2400 W. BROWARD BLVD., LOT 606~~
~~FT. LAUDERDALE FL 33312~~

Mailing Address

~~2400 W. BROWARD BLVD., LOT 606~~
~~FT. LAUDERDALE FL 33312~~

2. Principal Place of Business

2722, W. ATLANTIC BLVD.

3. Mailing Address

2722, W. BROWARD BLVD.

Suite, Apt. #, etc.

SUITE 14

Suite, Apt. #, etc.

SUITE 14

City & State

POMPANO BEACH FL.

City & State

POMPANO BEACH, FL.

Zip

33069

County

BROWARD

Zip

33069

County

BROWARD.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0915824

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NARINE, VALETINE

2400 W BROWARD BLVD #606
FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

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. 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 ☐ Delete

NAME D
STREET ADDRESS NARINE, VALETINE
CITY-ST-ZIP 2400 W. BROWARD BLVD., LOT 606
FT. LAUDERDALE FL 33312

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

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME DIRECTOR
STREET ADDRESS DAVID AMMONS
CITY-ST-ZIP 1865 HAMPTON BLVD., APT. # 7865
N. LAUDERDALE FL 33068

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:

Valentine N. Valetine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 28-03 954-316-3979

Date

Daytime Phone #

CR2E034 (10/02)