

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90152 039 ***150.00

DOCUMENT # P99000088659

1. Entity Name
U.S. PEST CONTROL, INC.



Principal Place of Business
**1825 S DIXIE HWY
POMPANO BEACH FL 33060**

Mailing Address
**1825 S DIXIE HWY
POMPANO BEACH FL 33060**



2. Principal Place of Business
1500 NW 3rd St

3. Mailing Address
1500 NW 3rd St

Suite, Apt. #, etc.
#106

Suite, Apt. #, etc.
#106

City & State
Deerfield Beach

City & State
Deerfield Beach

4. FEI Number **65-0952946**

Applied For
☐ Not Applicable

Zip **33442** Country **USA**

Zip **33442** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CALANDRINO, RICHARD
6841 N.W. 81ST COURT
PARKLAND FL 33067**

7. Name and Address of New Registered Agent

Name **Richard Calandrino**
Street Address (P.O. Box Number is Not Acceptable)
6975 Grapeview Blvd
City **Loxahatchee** FL Zip Code **33470**

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 **Richard Calandrino** DATE **3-21-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CALANDRINO, RICHARD	
STREET ADDRESS	6841 N.W. 81ST COURT	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	P	<input type="checkbox"/> Delete
NAME	CALANDRINO, DEBRA	
STREET ADDRESS	6841 NW 81 COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Calandrino	
STREET ADDRESS	6975 Grapeview Blvd	
CITY-ST-ZIP	Loxahatchee FL 33470	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debra Calandrino	
STREET ADDRESS	6975 Grapeview Blvd	
CITY-ST-ZIP	Loxahatchee FL 33470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Richard Calandrino** DATE **3-21-03** Daytime Phone # **954-784-9900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)