

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

CHECK HERE IF MAKING CHANGES

City & State
Deerfield Beach

City & State
Deerfield Beach

4. FEI Number **65-0952946**

Applied For
 Not Applicable

Zip Country
33442 USA

Zip Country
33442 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

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

Name
Richard Calandrino

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

6975 Grapeview Blvd

City State Zip Code
Loxahatchee FL 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

3-21-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Richard Calandrino 6975 Grapeview Blvd Loxahatchee FL 33470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Debra Calandrino 6975 Grapeview Blvd Loxahatchee FL 33470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-03

Date

954-784-9900

Daytime Phone #

CR2E034 (10/02)