

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S40226

1. Entity Name

U.P.C. PEST CONTROL, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90130 009 ***150.00

Principal Place of Business

Mailing Address

10910 WILES RD
P.O. BOX 8521
CORAL SPRINGS FL 33075
US

10910 WILES RD
P.O. BOX 8521
CORAL SPRINGS FL 33075-8521
US

2. Principal Place of Business

3. Mailing Address

3685 NW 124 AVE

PO BOX 8521

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33065

Country

BROWARD

Zip

33075

Country

BROWARD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MC CABE, PAT
10910 WILES RD
CORAL SPRINGS FL 33076

Name

MC CABE, PAT

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

3685 NW 124 AVE

City

CORAL SPRINGS

FL

Zip Code

33065

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.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

D
NAME MCCABE, DEBORAH
STREET ADDRESS 10910 WILES ROAD
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE ☒ Change ☐ Addition

P/D
NAME MCCABE, DEBORAH
STREET ADDRESS 3685 NW 124 AVE
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE ☐ Delete

D
NAME MCCABE, AUDREY
STREET ADDRESS 10620 NW 44TH STREET
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☒ Change ☐ Addition

D
NAME MCCABE, AUDREY
STREET ADDRESS 3685 NW 124 AVE
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] DEBORAH MCCABE 4/10/00 (954) 752-4446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)