

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S40226

1. Entity Name
U.P.C. PEST CONTROL, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90160 022 ***150.00

Principal Place of Business

3685 NW 124 AVE.
POMPANO BEACH FL 33065
US

Mailing Address

PO BOX 8521
CORAL SPRINGS FL 33075
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS

City & State

4. FEI Number 65-0254917

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MC CABE, PAT
3685 NW 124TH AVE.
POMPANO BEACH FL 33065

Name

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

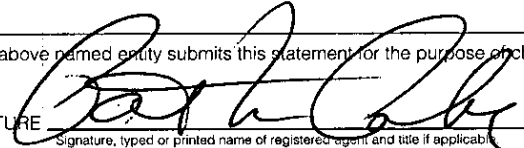
City

CORAL SPRINGS

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.

SIGNATURE 

(NOTE: Registered Agent signature required when reinstating)

01/16/01

DATE

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MCCABE, DEBORAH
3685 NW 124TH AVE.
POMPANO BEACH FL 33065 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
CORAL SPRINGS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)