

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S40226**

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



Principal Place of Business  
3685 NW 124 AVE.  
CORAL SPRINGS, FL 33065 US

Mailing Address  
PO BOX 8521  
CORAL SPRINGS, FL 33075 US



01262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0254917

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MC CABE, PAT  
3685 NW 124TH AVE.  
CORAL SPRINGS, FL 33065

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2006 Fee will be \$550.00**

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

000000412891  
02/01/06-80067-004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MCCABE, DEBORAH
STREET ADDRESS	3685 NW 124TH AVE.
CITY - ST - ZIP	CORAL SPRINGS, FL 33065
TITLE	D
NAME	MCCABE, PAT
STREET ADDRESS	3685 NW 124TH AVE
CITY - ST - ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

*Deborah McCabe* *1/30/06* *954 752-4446*  
DEBORAH MCCABE