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FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V03307

(8)

1. Corporation Name

UNIQUE PEST CONTROL, INC.

Principal Place of Business

11850 APPALOOSA CT
PORT ST. LUCIE FL 34988
US

Mailing Address

11850 APPALOOSA CT
PORT ST. LUCIE FL 34988-3017
US



2. Principal Place of Business

21 1638 SE TRUMPET LANE

Suite, Apt. #, etc.

22 City & State
23 PORT ST. LUCIE, FL

24 Zip
34983

25 Country
ST. LUCIE

2a. Mailing Address

26 1638 SE TRUMPET LANE

Suite, Apt. #, etc.

27 City & State
28 PORT ST. LUCIE, FL

29 Zip
34983

30 Country
ST. LUCIE

3. Date Incorporated or Qualified

12/18/1991

3a. Date of Last Report

02/02/1996

4. FEI Number

65-0302146

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

GIORDANO, MICHAEL J.
11850 APPALOOSA CT
PORT ST. LUCIE FL 34988

10. Name and Address of New Registered Agent

81 Name
MICHAEL J. GIORDANO

82 Street Address (P.O. Box Number is Not Acceptable)
1638 SE TRUMPET LANE

83

84 City
PORT ST. LUCIE

FL

85 Zip Code
34983

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Michael J. Giordano

MICHAEL J. GIORDANO, PRESIDENT

04/14/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	GIORDANO, MICHAEL J.	1638 TRUMPET LANE	PT. ST. LUCIE FL	<input type="checkbox"/>
V	MIRANDO, MICHAEL	11850 APPALOOSA CT	PT. ST. LUCIE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael J. Giordano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J. GIORDANO

04/14/97

(561) 879-4608

Date

Daytime Phone

0476048

CR2E034 (9/96)