

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90145 001 ***158.50

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1. Entity Name
BUGSAWAY EXTERMINATING SERVICE, INC.



Principal Place of Business
1391 SUMMIT RUN CIRCLE 8271
WEST PALM BEACH FL 33415
US
WEST PALM BEACH, FL 33411

Mailing Address
P. O. BOX 17943
WEST PALM BEACH FL 33416

2. Principal Place of Business
8271 1ST LANE SOUTH

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL

City & State

4. FEI Number
65-0364313

Applied For

Not Applicable

Zip
33411

Country
PALM BEACH

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

MAHMOOD, ANWAR
1391 SUMMIT RUN CIRCLE
WEST PALM BEACH FL 33415

Name. **MAHMOOD ANWAR**
Street Address (P.O. Box Number is Not Acceptable)
8271 1ST LANE SOUTH
WEST PALM BEACH
City **FL** Zip Code **33411**

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 **MAHMOOD ANWAR**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/2003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	NAME ANWAR, MAHMOOD	STREET ADDRESS 1813 WOODHAVEN DRIVE	CITY-ST-ZIP WEST PALM BEACH FL	<input type="checkbox"/> Delete
TITLE VTD	NAME ALICEA, MARIA	STREET ADDRESS 1391 SUMMIT RUN CIRCLE	CITY-ST-ZIP WEST PALM BEACH FL 33415	<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

TITLE PD	NAME PRESIDENT/DIRECTOR	STREET ADDRESS 8271 1ST LANE SOUTH	CITY-ST-ZIP WEST PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VTD	NAME VICE PRESIDENT/DIRECTOR	STREET ADDRESS 8271 1ST LANE SOUTH	CITY-ST-ZIP WEST PALM BEACH, FL 33411	<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

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 OF MAHMOOD ANWAR** **3/7/03** **(561) 242-0222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)