# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

VP

#### SIGNATURE: MARIANNE SALERNO

Electronic Signature of Signing Officer/Director Detail

#### Officer/Director Detail :

| Title           | PD                  | Title           | VD                  |
|-----------------|---------------------|-----------------|---------------------|
| Name            | SALERNO, ANTHONY M  | Name            | SALERNO, MARIANNE J |
| Address         | 1413 SW 57TH STREET | Address         | 1413 SW 57TH STREET |
| City-State-Zip: | CAPE CORAL FL 33914 | City-State-Zip: | CAPE CORAL FL 33914 |

| <u>2021</u> | FLORIDA | PROFIT | <b>CORPOR</b> | ATION A | NNUAL | <u>REPORT</u> |
|-------------|---------|--------|---------------|---------|-------|---------------|

#### DOCUMENT# L57483

Entity Name: TONY'S PEST CONTROL, INC.

#### Current Principal Place of Business:

MARIANNE J. SALERNO 1020 NE 7TH TERR CAPE CORAL, FL 33909

## **Current Mailing Address:**

MARIANNE J. SALERNO 1020 NE 7TH TERR CAPE CORAL, FL 33909

## FEI Number: 65-0235723

#### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SALERNO, MARIANNE J 1020 NE 7TH TERR CAPE CORAL, FL 33909 US

Date

## FILED Jan 13, 2021 Secretary of State 0309667783CC

Date

Certificate of Status Desired: No

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: