

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90040 028 ***150.00

DOCUMENT # 792580 ✓
1. Entity Name
Uncle Bob's Pest Control Inc.

DO NOT WRITE IN THIS SPACE

851673

2. Principal Place of Business
769 NE 77 TR
Suite, Apt. #, etc.

3. Mailing Address
16940 SW 5 ST
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida
Zip
33138
Country
None

City & State
Wreston, Florida
Zip
33326
Country
Broward

4. FEI Number
59-1894587
Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Raymond Donaldson
Street Address (P.O. Box Number is Not Acceptable)
16940 SW 5 ST
City
Wreston FL Zip Code
33326

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres. Raymond Donaldson 16940 SW 5 ST Wreston, FL 33326	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowerments.

SIGNATURE: Raymond Donaldson 4-29-02 954 389-1158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)