## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 18, 2002 8:00 am Secretary of State DOCUMENT # P00000078583 1. Entity Name 04-18-2002 90350 014 \*\*\*150 00 ADVANCED LAWN & PEST CONTROL, INC. Principal Place of Business Mailing Address 5712 ERHARDT DR. 5712 ERHARDT DR. BUALTAAA RIVERVIEW FL 33569 RIVERVIEW FL 33569 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3663278 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIPES, MARCEY E CPA Street Address (P.O. Box Number is Not Acceptable) 16936 FALCONRIDGE RD LITHIA FL 33547 City Zip Code FI 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition WENDLING, JERID T NAME NAME STREET ADDRESS 5712 ERHARDT DR. STREET ADDRESS **RIVERVIEW FL 33569** CITY-ST-ZIP CITY-ST-ZIP TITLE ST Delete TITLE ☐ Change ☐ Addition WENDLING, PAULA NAME NAME STREET ADDRESS 5712 ERHARDT DR. STREET ADDRESS CITY-ST-ZIP RIVERVIEW FL 33569 CITY-ST-ZIP . ಆ ನಾವು. ಇವರಲ್ಲು TITLE Deléte TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

SIGNATURE:

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 Block 12 if