

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**  
 03-01-2001 91352 044 \*\*\*150.00

0445510

**DOCUMENT # P08555**

1. Entity Name  
**ROLLINS, INC.**

Principal Place of Business <b>2170 PIEDMONT RD.N.E.          ATLANTA GA 30324</b>	Mailing Address <b>CORPORATE TAXES          2170 PIEDMONT RD. NE          ATLANTA GA 30324</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>51-0068479</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WILLIAMS, JAMES B.</b>
STREET ADDRESS	<b>2170 PIEDMONT RD. NE</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>
TITLE	<b>PD</b> <input type="checkbox"/> Delete
NAME	<b>ROLLINS, GARY W.</b>
STREET ADDRESS	<b>2170 PIEDMONT RD.,N.E.</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>CYNKAS, HARRY J</b>
STREET ADDRESS	<b>2170 PIEDMONT RD., N.E.</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>ROLLINS, JOHN W.</b>
STREET ADDRESS	<b>2170 PIEDMONT RD.,N.E.</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>TIPPIE, HENRY B.</b>
STREET ADDRESS	<b>2170 PIEDMONT RD.,N.E.</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LOONEY, WILTON</b>
STREET ADDRESS	<b>2170 PIEDMONT RD. NE</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D</b>
STREET ADDRESS	<b>Rollins, R. Randall</b>
CITY-ST-ZIP	<b>2170 Piedmont Rd NE Atlanta GA 30324</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harry J. Cynkas* **Harry J. Cynkas** 2/23/01 404-888-2064  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)