

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90174 003 ***150.00

DOCUMENT # P97000032237

1. Entity Name
REGIONAL TERMITE & PEST CONTROL INC.

Principal Place of Business Mailing Address
Suite 103 Suite 103
1409 NE. 22nd Ave. 1409 NE. 22nd Ave.
Ocala, FL 34470 Ocala, FL 34470

C0057398

2. Principal Place of Business 3. Mailing Address
1729 E. Silver Springs Blvd 2860 SE. 35th St.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite #5

DO NOT WRITE IN THIS SPACE

City & State City & State
Ocala, FL Ocala, FL
 Zip Country Zip Country
34470 USA 34471 USA

4. FEI Number Applied For
65-0738857 Not Applicable

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

6. Name and Address of Current Registered Agent
JAMES R. BROOKS
1409 NE. 22nd Ave. Suite 103
OCALA, FL 34470

7. Name and Address of New Registered Agent
 Name JAMES R. BROOKS
 Street Address (P.O. Box Number is Not Acceptable)
2860 SE 35th Street
 City OCALA FL Zip Code 34471

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 James R. Brooks DATE 4-13-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 <u>PRESIDENT</u> <input type="checkbox"/> Delete	NAME <u>JAMES R. BROOKS</u>
STREET ADDRESS <u>1409 NE. 22nd Ave.</u>	CITY-ST-ZIP <u>OCALA, FL 34470</u>
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <u>PRESIDENT</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <u>James R. Brooks</u>
STREET ADDRESS <u>2860 SE. 35th St.</u>	CITY-ST-ZIP <u>Ocala, FL 34471</u>
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 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: James R. Brooks DATE 4-13-01 DAYTIME PHONE # (352)624-3797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)