2000 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2000 8:00 am Secretary of State DOCUMENT # P99000043021 NICK'S PEST CONTROL SERVICE, INC. 04-26-2000 90049 014 ***150.00 Principal Place of Business Mailing Address 4001 BENEVA ROAD S #416 4001 BENEVA ROAD S #416 SARASOTA FL 34233 SARASOTA FL 34233-1042 2. Principal Place of Business Mailing Address 4327 Pasadena 1327 Pasadena Circle Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number 65~09 Applied For City & State Sarasota Sa<u>rasota</u> Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARCIA, NICOLAS treet Address (P.A. Box Number is Not Acceptable) 4001 BENEVA ROAD S #410 SARASOTA FL 34233 Sarasotu 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **X** Addition ☐ Delete TITLE Nicolas Garcia 4327 Pasadena Circle TITLE NAME NAME STREET ADDRESS STREET ADDRESS Sarasota FL 34233 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Cynthia Garcia 4327 Pasadena Circle NAME NAME STREET ADDRESS STREET ADDRESS Sarasota fl 34233 CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE

13. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS