2002 UNIFORM BUSINESS REPORT (UBR) V47152 **DOCUMENT #** 1. Entity Name BUG GUARD SERVICES OF FLAGLER COUNTY, INC.

FILED Jul 04, 2002 8:00 am Secretary of State 07-04-2002 90547 008 ***150.00

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|--|--|---|--|----------------------|--|--|---|--|
| Principal Pla | ace of Business | Mailing Address | | 7 | | | | |
| 25 UTILITY | DRIVE | 25 UTILITY DR | | | <u> </u> | | | |
| ′ # 3 | | SUITE A | | | | | | |
| , PALM COAST FL 32137 | | PALM COAST FL 32137 | | | CONTRACTOR AND ALL DESCRIPTION OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR A | I BIRTH BLOW BIRT | In Debut Debut 1881 | |
| | | US | | | | | | |
| 2. Principal | Place of Business | 3. Mailing Address | | | | I BROW BLOKE BLOK | I BINSH BINJI 1001 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | |
| City & State | | City & State | | 4. FEI N | 4. FEI Number 59-3132642 Applied For | | | |
| Zip | Country | Zip | Country | 5 Certifi | cate of Status Desired | \$8.75 A | Not Applicable | |
| | | | | | | Fee Requi | red | |
| | 6. Name and Address of Current | Registered Agent | - Name | 7. Name | and Address of New Registered | i Agent | | |
| KATZ, B. | . PAUL | | | | | | | |
| | INGS ROAD NORTH | Street Address (I | | s (P.O. Box N | P.O. Box Number is Not Acceptable) | | | |
| SUITE B | | | | | | | <u>. </u> | |
| | EACH FL 32037 | | | | | | | |
| - TALM U | CACITIES 32007 | . | City | | F | Zip Co | de . | |
| SIGNATURE | Signature, typed or printed name of registered agent | | : Registered Agent signature requ | wed when reinstating |) DATÉ - DATÉ | ٠.۵ | · | |
| Tax filing | oration is eligible to satisfy its Intangible requirement and elects to do so. eria on back) | After May 1, 200 | II FEE IS \$150.00)2 Fee will be \$550.00 | J] | Election Campaign Financing | | 00 May Be | |
| | | Make Check Payab | le to Department of S | tate | Trust Fund Contribution. | L.) Adde | d to Fees | |
| 11, | OFFICERS AND | | le to Department of S | <u></u> | NS/CHANGES TO OFFICERS AN | | | |
| TITLE | P | | 12. | <u></u> | | | RS IN 11 | |
| TITLE NAME | P STOVER, SYLVIA A | DIRECTORS | 12. TITLE NAME | <u></u> | | D DIRECTOR | RS IN 11 | |
| TITLE NAME STREET ADDRESS | P STOVER, SYLVIA A 25 UTILITY DR | DIRECTORS | 12. TITLE NAME STREET ADDRESS | <u></u> | | D DIRECTOR | RS IN 11 | |
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indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath, that it am an officer of direction 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 12 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR