I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 appear ppears above, or on an a

SIGNATURE: RAYMOND DONALDSON

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 572580 Entity Name: UNCLE BOB'S PEST CONTROL, INC.

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

16940 SW 5TH STREET WESTON, FL 33326

Current Mailing Address:

16940 SW 5TH STREET WESTON, FL 33326

FEI Number: 59-1894587

Name and Address of Current Registered Agent:

DONALDSON RAYMOND L 16490 SW 5 ST FT LAUDERDALE, FL 33326 US

Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent	
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Officer/Director Detail :

Title	PTD	Title	VT
Name	DONALDSON, RAYMOND L	Name	MARTIN, LAWENCE E
Address	16490 SW 5 ST	Address	111 S. HOLLYBROKE DR., 44-102
City-State-Zip:	WESTON FL 33326	City-State-Zip:	PEMBROKE PINES FL 33025

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attachment with all other like empowered.				
n 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 app

PRES/OWNER

02/22/2019

Date

FILED Feb 22, 2019 Secretary of State 1223625497CC

Date