2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 442151 Mar 31, 2000 8:00 am 1. Entity Name **Secretary of State** TRUDO EXTERMINATING COMPANY 03-31-2000 90076 016 ***150.00 Mailing Address Principal Place of Business 4000 NE 2ND TERRACE 4000 NE 2ND TERRACE POMPANO BEACH FL 33064-3510 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1269221 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TRUDEAU, (RICHARD J.) Street Address (P.O. Box Number is Not Acceptable) 4000 N.E. 2ND TERRACE POMPANO BEACH FL 33064 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NQTE: 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition PD TITLE ☐ Defete TITLE NAME TRUDEAU, (RICHARD J.) NAME STREET ADDRESS STREET ADDRESS 4000 N.E. 2ND TERR. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL ☐ Addition □ Change Delete TITLE TRUDEAU, DINORA C NAME STREET ADDRESS STREET ADDRESS 4000 NE 2TERR CITY-ST-ZIP CITY-ST-7IP POMPANO BEACH FL Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

CR2F034 (9/99)

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