

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90125 037 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 552357

1. Entity Name
 MIDDLETON PEST CONTROL, INC.



Principal Place of Business

1900 33RD ST
 ORLANDO, FL 32839 US

Mailing Address

1900 33RD ST
 ORLANDO, FL 32839 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-1792752

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name Nancy Freeman
 Street Address (P.O. Box Number is Not Acceptable)
250 South Park Avenue
5th Floor
 City Winter Park FL Zip Code 32789

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
 (NOTE: Registered Agent Signature required when resigning)

3/3/03

DATE

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003, Fee will be \$550.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME OD
 STEINMETZ, CHARLES P
 STREET ADDRESS 1900 33RD ST
 CITY-STATE-ZIP ORLANDO, FL 32839

TITLE ☐ Delete
 NAME VPD
 STEINMETZ, LYNN
 STREET ADDRESS 1900 33RD ST
 CITY-STATE-ZIP ORLANDO, FL 32839

TITLE ☐ Delete
 NAME P
 CLENDENIN, GREGORY
 STREET ADDRESS 1900 33RD ST
 CITY-STATE-ZIP ORLANDO, FL 32839

TITLE ☐ Delete
 NAME CFOS
 KLEIN, JILL
 STREET ADDRESS 1900 33RD ST
 CITY-STATE-ZIP ORLANDO, FL 32839

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jill Klein Jill Klein
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Certificate Number

3-6-03

(407) 648-8998

CH21034 (10/02)