03

AMENDED FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUL 16 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100021648601
07/18/03--01079--003 **150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 552357

1. Entity Name

MIDDLETON PEST CONTROL, INC.

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2. Principal Place of Business	3. Mailing Address
1900 33rd St.	1900 33rd St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32839 Country:	Zip: 32839 Country:

4. FEI Number: 59-1792752 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Nancy Freeman
Street Address (P.O. Box Number is Not Acceptable): 250 Park Avenue South
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] 7/10/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PD
NAME	Gregory Clendenin
STREET ADDRESS	1900 33rd Street
CITY-ST-ZIP	Orlando, FL 32839
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VPD
NAME	Lynn Steinmetz
STREET ADDRESS	1900 33rd Street
CITY-ST-ZIP	Orlando, FL 32839
TITLE	CFOS
NAME	Jill Klein
STREET ADDRESS	1900 33rd Street
CITY-ST-ZIP	Orlando, FL 32839
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jill Klein 7-10-03 (407) 648-8998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JP 7/16