FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 02, 2000 8:00 am Secretary of State **DOCUMENT #610794** CENTRAL FLORIDA PEST CONTROL, INC. 03-02-2000 90073 027 ***150.00 Principal Place of Business Mailing Address W. INTERNATIONAL SPEEDWAY BLVD. 3708 W. INTERNATIONAL SPEEDWAY BLVD. **UIJIZ4** DAYTONA BCH FL 32124-1030 BCH FL 32124-1030 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1889765 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEGLER, GEORGE Street Address (P.O. Box Number is Not Acceptable) 891 HEWITT DRIVE PORT ORANGE FL 32127 Zip Code City FL 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 (NOTE, 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. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/99) ☐ Addition ☐ Delete TITLE Change TITLE DEGLER, GEORGE W. NAME NAME STREET ADDRESS STREET ADDRESS **891 HEWITT DRIVE** CITY-ST-7/F PORT ORANGE FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE DEGLER, JUDITH P NAME NAME STREET ADDRESS STREET ADDRESS 891 HEWITT DRIVE CITY-ST-7IF CITY-ST-ZIP PORT ORANGE FL TITLE Change Addition ☐ Delete TITLE DEGLER, GREGORY W. NAME NAME STREET ADDRESS STREET ADDRESS 891 HEWITT DRIVE CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE FL Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS 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.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 24-2000

(904) 57-4691

Daytime Phone #