FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 08, 2000 8:00 am **DOCUMENT # 632021** Secretary of State CHUCK'S EXTERMINATING COMPANY, INC. 03-08-2000 90004 048 ***150.00 Mailing Address Principal Place of Business 1630 LATHAM RD 1630 LATHAM RD Figg34000 WEST PALM BEACH FL 33469-3184 WEST PALM BEACH FL 33409 3. Mailing Addres 2. Principal Nace of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-1933031 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent .Name FREEBOLD, CHARLES A. Street Address (P.O. Box Number is Not Acceptable) 2860 FLAMANGO LAKE DRIVE WEST PALM BEACH FL 33406 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ٥D Addition PD Delete TITLE TITLE FREEBOLD, CHARLES A. NAME STREET ADDRESS 2860 FLAMANGO LAKE DR. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF WEST PALM-BEACH FL 뜮 ☐ Addition Delete TITLE ٧D NAME FREEBOLD, LINDA A. NAME STREET ADDRESS STREET ADDRESS 2860 FLAMANGO LAKE DR. CITY-ST-7IP 334L\ CITY-ST-ZIP WEST PALM BEACH FL ☐ Addition TITLE Change TITLE Delete NAME FREEBOLD, GREGORY P. NAME 1413 MICHIGAN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP LAKE WORTH FL Change ☐ Addition TD Delete TITLE FREEBOLD, JEFFREY C. NAME NAME 964 FLAMANGO LAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WEST PALM BCH FL ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 OF DIRECTOR Date Date Dayling Phone &