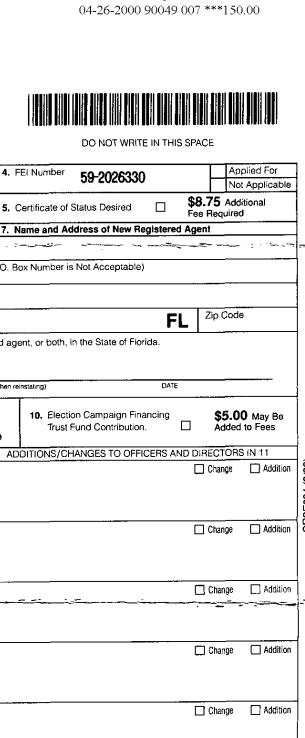
2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 686340** D.O.A. PEST CONTROL, INC. Mailing Address Principal Place of Business 1859 N PINE ISLAND RD., SUITE 218 1859 N PINE ISLAND RD., SUITE 218 PLANTATION FL 33322-5224 PLANTATION FL 33322 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-2026330 Country Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MEYER, STANLEY J Street Address (P.O. Box Number is Not Acceptable) 7730 NW 50 ST LAUDERHILL FL 33351 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State

FILED Apr 26, 2000 8:00 am Secretary of State



11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME Street Address City-St-Zip	PD [MEYER, STANLEY J 7730 NW 50 ST #A308 LAUDERHILL FL 33351	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
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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 attachmen with as address, with all other like empowered.						

SIGNATURE: