


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

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90058 011 ***150.00

DOCUMENT # G 41306	
1. Entity Name Tropic Pest Control, Inc.	

DO NOT WRITE IN THIS SPACE

40045140

2. Principal Place of Business 3461 Border Rd.		3. Mailing Address 3461 Border Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Venice, Florida		City & State Venice, Florida	
Zip 34262	Country USA	Zip 34262	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-2345491		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Weinzierl, Gary G.		
Street Address (P.O. Box Number is Not Acceptable) 3461 Border Rd.			
City Venice			FL Zip 34262

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Weinzierl Gary G. 3461 Border Rd. Venice, FL 34262	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: **Gary G. Weinzierl** **4-1-05 941-485-1088**
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)