Z 2000 UNIFORM BU	SINESS REPO)RT (UBR)	A STABILITY AND ASSET
			APPROYEL
DOCUMENT # G95817			
Moenix lest (only) Inn.			· · · · · · · · · · · · · · · · · · ·
1. Entity Name Phoenix Pest Control, Inc. 5809 Briar wood Are Sarasata Elizabeth			00.007.11.004.0
Sarasata FC	34427		00 OCT 11 PM 2:39
Principal Place of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	
			SECRETARY OF STATE
			TALLAHASSEE, FLORIDA
	•	,	
1			1 (98)(55) (18 18)(5 (5)) 40((186)(186)(186)(186)(186)(186)(186)(186
2. Principal Place of Business	3. Mailing Address		
	100 hox 33	319	I THEN I BOT SIND TERM OF THE BOTT OF CONTRACT OF THE BOTT OF THE
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State			
Oity & State	Se COSOLO	Ci.	4. FEI Number Aoplied For
Zip Country	Zip	Countrie	59-2388410 Not Applicate
]	ี เริ่นฉฉก ไ	Country	5. Certificate of Status Desired \$8.75 Additional
6. Name and Address of Currer	nt Registered Agent	<u> </u>	7. Name and Address of New Registered Agent
Steven Donalina		Name	Name and reduces of New neglistered Agent
Canal Ho mstrong			
Sarasata, TV 3423) Name Street Address			ess (P.O. Box Number is Not Acceptable)
Source of I 311	22)		
3 0 0 0 0 Cd, 4C 39	(C-0)		
		City	FL Zip Code
8. The above named entity submits this statement	for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida
1		Ç	1 .
SIGNATURE XILLIUM XX	Vimo I ru	7	10/9/00
gnature, typed or printed name of registered ager	it and title if applicable (NOTE	Registered Agent signature requ	uired when reinstating) DATE
9. This corporation is eligible to satisfy its Intangib	e FILE NOW!!	! FEE'IS:\$150.00	\$2.75
Tax filing requirement and elects to do so.	After MAY 1, 200	0 Fee will be \$550.0	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
(See criteria on back)		e to Department of S	Trust Fund Contribution. Added to Fees
11. OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME Steve to motions	- Reside Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS 5609 Brige Wood	3d Ave	NAME	
CITY-ST-ZIP SONGASOFA FI 33	ມດລາ	STREET ADDRESS CITY-ST-ZIP	
110		<u> </u>	<u> 5000034468756</u>
NAME DON HEUTH	☐ Delete	TITLE NAME	11/01/0001052chant14 Accidion ****150.00 ****150.00
STREET ADDRESS 4005 Red Ford C:	$c \mathcal{N}$.	STREET ADDRESS	****150.00 ****150.00
CITY-ST-ZIP Serasata 52 34	123)	CITY-ST-ZIP	
TITLE T Elizabeth Hait	Delete	TITLE	500003446075 S
NAME 11005 D. 10	I NEW DEVISOR	NAME	-11/01/0001052 ^{Chan} 015 Addition
	C 17.	STREET ADDRESS	*****8.75 ******8.75
2005070	34831	CITY-ST-ZIP	
MILE 5 Backgrow Home	Franco Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS 5600 BEJOR WOO	Sec.	NAME	
CITY-SI-ZIP SOLOGO	3022	STREET ADDRESS CITY-ST-ZIP	
TITLE CONTROL TO	<u> </u>	 	
MAME	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS		STREET ADDRESS	$\sim \sim \sim \sim \sim$
CITY-ST-ZIP		CITY-ST-ZIP	// Y / Y //
DILE	☐ Delete	TITLE	☐ Na/ge ☐ Addition
NAME		NAME	Conside Madition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	V
		CITY-ST-ZIP	
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 changed, or on an attachment with an address, with all other less than the information 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			
an other will all other like empowered.			
SIGNATURE: X Sturn & Minole 10/9/00			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
			Dayung roong #