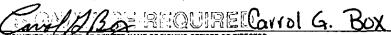
## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 18, 2000 8:00 am Secretary of State **DOCUMENT # H55648** COLUMBIA PESTMASTERS, INC. 01-18-2000 90025 010 \*\*\*150.00 Mailing Address Principal Place of Business 777 W. WASHINGTON STREET 777 W. WASHINGTON STREET P.O. BOX 1994 P.O. BOX 1994 600891 LAKE CITY FL 32056-1994 LAKE CITY FL 32056 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2523461 Not A. .... Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BOX, GLYNN** Street Address (P.O. Box Number is Not Acceptable) 812 97TH ROAD LIVE OAK FL 32060 Zip Code 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) Signature, typed or printed name of registered agent and title if applicable. 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 filling 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. DPS ☐ Delete TITLE **BOX, GLYNN** STREET ADDRESS 8012 9TH ROAD CITY-ST-ZIP LIVE OAK FL 32060 ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-7IP ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP ☐ Change TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ · · · · ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ ..... ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:



1-7-00

904-755-310

Daytime Phone #