2001 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2001 8:00 am Secretary of State DOCUMEN'T # H74015 1. Entity Name NEW CONCEPT PEST CONTROL OF BROWARD COUNTY, INC. 04-12-2001 90035 041 ***150.00 Principal Place of Business Mailing Address 13177 56 PL NORTH 13177 56 PL NORTH ROYAL PALM BCH FL 33411 ROYAL PALM BCH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2578841 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NORMAN, ROBERT K. Street Address (P.O. Box Number is Not Acceptable) 13177 56 PL N **ROYAL PALM BCH FL 33411** City Zip Code FL 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change Addition TITLE Delete TITLE NORMAN, ROBERT K. NAME NAME STREET ADDRESS STREET ADDRESS 13177 56 PL N CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BCH FL ☐ Change ☐ Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE mir Change ~ ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 eport 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 TYPE CONFINE WHAT WE SIGNATURE AND TYPE CONFINE WHAT WE SHARE THE SIGNATURE OF DIRECTOR

4-8-01

(56) 792-130/ Daytime Phone #