2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # J23704								FILED						
1. Entity Name							Jan 20, 2000 8:00 am Secretary of State							
PEST PA	ATROL, INC.							2		'etar 2000 90	•			
Principal Plac	e of Business		Mailing Address						01 20	2000 70	233 021	150		
1859 N PINE IS		1859 N PINE ISLAND RD #2	51											
PLANTATION FI	L 33322		PLANTATION FL 33322-5224							มบบบ	υυυν			
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2. Principal Place of Business 3. Mailing Address														
8400 N. University Drive 5 8400 N. University Drive 5 Suite, Apt. #, etc.					sity Drive			1001110	טט אכ	T WRITE II	N THIS SP	ACE		
Suite 2						50110	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	V 11 110 C/	,,,,,					
City & State			City & State				4. FEI	Number	59-26	99867			oplied For	
Tamarac, FL Zip Country			Tamarac, FL Zip	ntry _						_ \$	8.75 Ad	ot Applicable		
33321	Broward.		33321		ward —	-	5 . Cer	tificate of	Status De	esired		e Require		
- · · · · · · · · · · · · · · · · · · ·	6. Name and Address of	Current Re	gistered Agent		Nome		7. Nan	ne and Ad	Idress of	New Regi	stered Ag	ent		
BEIO	0 5010 44				Name Andr	ea Hor	pe R	ei <u>ss</u>						
REISS, ERIC M. 1677 NW 111TH WAY					Street Ad	ddress (P.C NW 13	O. Box I	Number is	Not Acc	eptable)				
	AL SPRINGS FL 33071				1077	1111 11	<u> </u>	<u>ay</u>						
					City							Zip Cod	e	
					Cora	l Spri					FL		Ď71	
8. The above	named entity submits this stat	tement for th	e purpose of changing its r	egister	ed office or	registered	d agent,	, or both, i	n the Sta	te of Florida	1 .			
SIGNATURE _	Signature, typegi or printed nante of regis	do agent and	e les les les les les les les les les le	2. Registere	d Agent signatu	te tednited w	hen reinsta		13	2000	DATE			
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	oration is eligible to satisfy its li equirement and elects to do se	-	After MAY 1, 200				'		on Camp Fund Cor	aign Financ	ing 🗆		May Be	
(See criter	ia on back)		Make Check Payabl	e to D	epartment	of State	•	ii USI i	uno con			Addet	101663	
11.		RS AND DI		12.		-			IANGES	ro office				
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NAME Street address				NAM Stre	EET ADDRESS								ļ	
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13. I hereby o	certify that the information supp	plied with thi	is filing does not qualify for	the exe	mption stat	ed in Sect	tion 119	0.07(3)(i), l	Florida St	atutes. I fur	ther certify	y that the i	nformation or director	
of the cor	on this report or supplementa poration or the receiver or trus or on an attachment with an a	tee emnowe	ered to execute this report a	y signa is requi	red by Cha	ave me sa pter 607, F	Florida	ai ellect a Statutes; i	and that r	ny name ap	pears in E	Block 11 o	r Block 12 if	
onanged,	or on an attachment with an a	~ 4	, ,, ,)			JAI	v. 13	2000		901		1.11:	