


2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90194 001 ***150.00

DOCUMENT # J23704	
1. Entity Name PEST PATROL, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8400 N. University Dr	3. Mailing Address 8400 N. University Dr.
Suite, Apt. #, etc. Ste 206	Suite, Apt. #, etc. Ste 206
City & State Tamarac, FL	City & State Tamarac, FL
Zip 33321	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-2699867	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 Bradley, Rose E.	
Street Address (P.O. Box Number is Not Acceptable) 9949 NW 57 Manor		
City Coral Springs FL Zip Code 33076		

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 X Rose E. Bradley DATE X 4-14-03
Signature, typed or printed name of registered agent and title if applicable (NOT a Registered Agent signature required when re-registering)

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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bradley, Rose E. 9949 NW 57 Manor Coral Springs, FL 33076	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: X Rose E. Bradley DATE X 4-14-03 954-721-4411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)