

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  
Suite, Apt. #, etc.  
Ste 206

3. Mailing Address  
8400 N. University Dr.  
Suite, Apt. #, etc.  
Ste 206

City & State  
Tamarac, FL

City & State  
Tamarac, FL

Zip  
33321

Country  
USA

Zip  
33321

Country  
USA

4. FEI Number 59-2699867

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

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 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 Date Corporate Phone #

CR2E034B (12/02)