## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. Yernow M. SIGNATURE AND TYPED OR P

## Jan 24, 2001 8:00 am Secretary of State **DOCUMENT # K07342** MCKENZIE PEST AND TERMITE, INC. 01-24-2001 90026 009 \*\*\*158.75 Principal Place of Business Mailing Address 3000 KENILWÖRTH BLVD P.O. BOX 1844 SEBRING FL 33871 SEBRING FL 33870 2.-Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE, IN THIS SPACE. City & State City & State 4. FEI Number Applied For 59-2866887 Not Applicable Zip Country 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 MCKENZIE, H. VERNON Street Address (P.O. Box Number is Not Acceptable) 2800 THUNDERBIRD RD SEBRING FL 33872 Zin 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. ☐ Delete Change MCKENZIE, H. VERNON NAME NAME 2800 THUNDERBIRD RD STREET ADDRESS STREET ADDRESS SEBRING FL 33872 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 'Addition BOOK, JAMES DOYLE NAME NAME STREET ADDRESS 4415 WHITING DRIVE STREET ADDRESS SEBRING FL 33870 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE MCKENZIE, H. VERNON NAME NAME 2800 thunderbird Rd 1129 SUNBIRD COURT STREET ADDRESS STREET ADDRESS SEBRING FL 33872 CITY-ST-ZIP Sebring FL. 33872 CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE MCKENZIE, MELVIN R NAME NAME 4843 Shad DR. 308 LOTUS AV-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING FL CITY-ST-ZIP Sebring FL. 33870 TITLE - Delete ---\_\_\_, Change Addition PENNELL, SUSAN R NAME NAME 1640 S E LAKEVIEW DR STREET ADDRESS STREET ADDRESS SEBRING FL CITY-ST-ZIP CITY-ST-ZIP V.P. of Sales Delete TITLE TITLE ☐ Change Addition MARK J. Ketchen NAME NAME 1530 LAKE Jose phive DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sebeius, FL. 33875 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

FILED