## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 14, 2001 8:00 am Secretary of State **DOCUMENT # K46387** 1. Entity Name VIKING TERMITE CONTROL, INC. 05-14-2001 90100 031 \*\*\*150.00 Mailing Address Principal Place of Business 10474 SE C-25 10474 SE C-25 BELLEVIEW FL 34420 BELLEVIEW FL 34420 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2986169 Not Applicable **\$8.75** Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent \_\_\_6. Name and Address of Current Registered Agent Name CUTLER, MARY HELEN Street Address (P.O. Box Number is Not Acceptable) 9380 S.E. 107TH PLACE **BELLEVIEW FL 32620** Zip Code City 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE **CUTLER, JOSEPH ALLEN** NAME NAME 9380 S.E. 107TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BELLEVIEW FL ☐ Addition Change ST ☐ Delete TITLE TITLE NAME CUTLER, MARY HELEN NAME STREET ADDRESS STREET ADDRESS 9380 S.E. 107TH PLACE CITY-ST-ZIP CITY-ST-ZIP BELLEVIEW FL Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE

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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: '

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP