FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90135 003 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L68403

1. Entity Name
Z-BEST PEST CONTROL OF BROWARD INC.

11010398

Principal Place of Business	Mailing Address
5542 NW 55 TERR COCONUT CREEK, FL 33073 US	5542 NW 55 TERR COCONUT CREEK, FL 33073 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3390 Pinewalk Dr North	3390 Pinewalk Dr north
Suite, Apt #, etc.: # 1026	Suite, Apt #, etc.: # 1026
City & State: Margate Fla	City & State: Margate Fla
Zip: 33063 Country: U.S.A	Zip: 33063 Country: U.S.A

4. FEI Number 65-0193831 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ZISLIN, TODD J.
5542 N.W. 55 TERRACE
COCONUT CREEK, FL 33073

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 [signature] 4-20-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $150.00 — After May 1, 2003 fee will be $550.00 — 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	ZISLIN, TODD J.		NAME	Zislin Todd J	
STREET ADDRESS	5542 N.W. 55 TERRACE		STREET ADDRESS	3390 Pinewalk Dr North #1026	
CITY-ST-ZIP	COCONUT CREEK, FL		CITY-ST-ZIP	Margate Fla 33063	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] #954-481-1932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #