

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L91867

FILED
Apr 14, 2003
Secretary of State

Entity Name: SPENCER PEST CONTROL CO. OF FLORIDA, INC.

Current Principal Place of Business:

1701 S. BABCOCK ST.
MELBOURNE, FL 32901 US

New Principal Place of Business:

6055 WICKHAM ROAD
SUITE 100
MELBOURNE, FL 32940 US

Current Mailing Address:

PO BOX 2117
ROSWELL, GA 300772117 US

New Mailing Address:

FEI Number: 58-1907301 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHROEDER, SHERYL S
854 MIRACLE MILE
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: SPENCER, BILL L.,
Address: 205 NORCROSS STREET
City-St-Zip: ROSWELL, GA

Title: DAS () Delete
Name: SPENCER, PATRICIA A.,
Address: 205 NORCROSS STREET
City-St-Zip: ROSWELL, GA

Title: DP () Delete
Name: SCHROEDER, JOSEPH T.,
Address: 1701 S. BABCOCK ST.
City-St-Zip: MELBOURNE, FL

Title: DS (X) Delete
Name: SCHROEDER, SHERYL S.,
Address: 854 MIRACLE MILE
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: SPENCER, BILL L.
Address: 205 NORCROSS STREET
City-St-Zip: ROSWELL, GA 30075 US

Title: DS (X) Change () Addition
Name: SPENCER, PATRICIA A.
Address: 205 NORCROSS STREET
City-St-Zip: ROSWELL, GA 30075 US

Title: DP (X) Change () Addition
Name: SCHROEDER, SHERYL S
Address: 6055 WICKHAM ROAD
City-St-Zip: MELBOURNE, FL 32940 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL L. SPENCER

TREA

04/14/2003

Electronic Signature of Signing Officer or Director

_____ Date