FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

May 17, 2002 8:00 am
Secretary of State
05-17-2002 90043 037 ***150.00

DOCUMENT # P00000010075

1. Entity Name
McKendree Termite & Pest Control, Inc.

062763

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
59 US 17 South
Suite, Apt #, etc.
City & State
Yulee, FL
Zip 32097 Country USA

3. Mailing Address
59 US 17 South
Suite, Apt #, etc.
City & State
Yulee, FL
Zip 32097 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3655320 ☐ 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 Phyllis M. Rosier
Street Address (P.O. Box Number is Not Acceptable) 100 West Call Street
City Starke FL Zip Code 32091

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]
Signature, typed or printed name of registered agent and title if applicable.
NOTE: Registered Agent signature required when reinstating
DATE 4/30/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

Field	Officer 1	Officer 2
TITLE	D	
NAME	Teri M. Davis	
STREET ADDRESS	P.O. Box 1381	
CITY-ST-ZIP	Yulee, FL 32041	

Field	Officer 3	Officer 4
TITLE	D	
NAME	Philip W. Davis	
STREET ADDRESS	P.O. Box 1381	
CITY-ST-ZIP	Yulee, FL 32041	

Field	Officer 5	Officer 6
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Field	Officer 7	Officer 8
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Field	Officer 9	Officer 10
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Field	Officer 11	Officer 12
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: [signature] 4-30-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date