

AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC -4 PM 5:32

DOCUMENT # P00000031882  
1. Entity Name  
COMBAT TERMITE SPECIALIST, INC.  
Principal Place of Business Mailing Address  
5030 MINTON ROAD 5030 MINTON ROAD  
SUITE D SUITE D  
PALM BAY FL 32907 PALM BAY FL 32907  
2. Principal Place of Business 3. Mailing Address  
SAME SAME  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3616067 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
KNIFLEY, RHONDA WALLACE KNIFLEY  
5030 MINTON ROAD 5030 MINTON ROAD  
SUITE D SUITE D  
PALM BAY FL 32907 PALM BAY FL 32907  
City Zip Code  
PALM BAY FL 32907

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 OWNER  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNIFLEY, RHONDA L. 5030 MINTON ROAD PALM BAY, FL 32907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/V/T/S/D/C/M KNIFLEY, WALLACE 5030 MINTON ROAD PALM BAY FL 32907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.  
SIGNATURE: WALLACE KNIFLEY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #