2002 UNIFORM BUSINESS REPORT (UBR)

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May 22, 2002 8:00 am³ Secretary of State P00000045645 DOCUMENT # 1. Entity Name GLEASON TERMITE CONTROL, INC. 05-22-2002 90076 020 ***150.00 Mailing Address Principal Place of Business 4950 GOLDEN GATE PARKWAY 4950 GOLDEN GATE PARKWAY NAPLES FL 34116 NAPLES FL 34116 3. Mailing Address 2. Principal Place of Business 1031 Cape Coral Pkwy aneloral Ykuy DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1015595 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARKER, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 4950 GOLDEN GATE PARKWAY NAPLES FL 34116 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE TITLE ☐ Change ■ Addition ☐ Delete PARKER, RICHARD J NAME NAME STREET ADDRESS 4950 GOLDEN GATE PARKWAY STREET ADDRESS CITY-ST-ZIP NAPLES FL 34116 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the eceiver or trustee emp ed to execute this rt as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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