2001 UNIFORM BUSINESS REPORT (UBR) May 14, 2001 8:00 am Secretary of State DOCUMENT # P00000049403 1. Entity Name GOLD WEB PEST CONTROL COMPANY, INC. 05-14-2001 90080 040 ***150.00 Principal Place of Business Mailing Address 8864 NORTH EIGHT MILE CREEK ROAD 8864 NORTH EIGHT MILE CREEK ROAD PENSACOLA FL 32534 PENSACOLA FL 32534 CO463310 2. Principal Place of Business 3. Mailing Address 587W 5874 Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number ORIDA 59-3414521 Not Applicable 111-TON \$8.75 Additional -5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUGHEY, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 5876 WESTMONT ROAD MILTON FL 32583 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITI F HUGHEY, ROBERT L NAME NAME **5876 WESTMONT ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MILTON FL 32583 CITY-ST-ZIP TITLE **X** Delete ☐ Change Addition WHITE, DONALD K NAME NAME STREET ADDRESS 8864 N EIGHT MILE CREEK RD STREET ADDRESS PENSACOLA FL 32534 CITY-ST-ZIP CITY ST-ZIP ☐ Change ☐ Addition Delete T(T) F TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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 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

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO