

DOCUMENT # P00000087218

1. Entity Name
AMF PEST MANAGEMENT SERVICE, INC.

Principal Place of Business Mailing Address
17647 SEALAKES DR 17647 SEALAKES DR
BOCA RATON FL 33498 BOCA RATON FL 33498

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

FRISHMAN, LEONARD
11576 W KINGFISHER CT
CRYSTAL RIVER FL FL334-29

4. FEI Number Applied For
Pending - Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name Austin M. Frishman
Street Address (P.O. Box Number is Not Acceptable)
17647 Sealakes Drive

City Boca Raton FL Zip Code 33498

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 X Austin M. Frishman
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

TITLE PD
NAME FRISHMAN, AUSTIN M
STREET ADDRESS 17647 SEALAKES DR
CITY-ST-ZIP BOCA RATON FL 33498 ☐ Delete

TITLE STD
NAME FRISHMAN, BARBARA
STREET ADDRESS 17647 SEALAKES DR
CITY-ST-ZIP BOCA RATON FL 33498 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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: Austin M. Frishman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dec 31/2000 581-487-1585
Daytime Phone #

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90047 027 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)