

FILED
Sep 12, 2001 8:00 am
Secretary of State

775170

DOCUMENT # 1000000116328
1. Entity Name
One Stop Termite, Inc.

Principal Place of Business	Mailing Address
5180 W. Atlantic Avenue Delray Beach, FL 33484	5180 W. Atlantic Avenue Delray Beach, FL 33484

2. Principal Place of Business 5180 W. Atlantic Avenue Suite, Apt. #, etc.	3. Mailing Address 5180 W. Atlantic Avenue Suite, Apt. #, etc.
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City & State Delray Beach, Florida		City & State Delray Beach, Florida	
Zip 33484	Country United States	Zip 33484	Country United States

4. FEI Number 65-1065127	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

John K. Eastham, JR
138 West Palmetto Park Road
Boca Raton, FLorida 33432

7. Name and Address of New Registered Agent	
Name Duncan Fraser	
Street Address (P.O. Box Number is Not Acceptable)	
660 Linton Boulevard, Suite #207	
City Delray Beach,	Zip Code FL 33444

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 *Duncan Fraser* CPA Duncan Fraser 08/ 23 /01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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[illegible]

12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Donald Glowacki		
STREET ADDRESS	5629 NE 5th Terrace		
CITY-ST-ZIP	Ft. Lauderdale, Florida 33334		
TITLE	Vice-President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Dale Martin		
STREET ADDRESS	5227 Lanai Circle W.		
CITY-ST-ZIP	Lake Worth, Florida 33467		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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:  Donald Glowacki 08/ /01 561-638-5556

CR2E034 (5/01)