

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 OCT 31 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000042213 1. Entity Name PARAMOUNT TERMITE & PEST CONTROL, INC.					
Principal Place of Business 4650 S.W. 51ST STREET BAY 715 DAVIE, FL 33314			Mailing Address 4650 S.W. 51ST STREET BAY 715 DAVIE, FL 33314		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1098595	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PATTEN, VIRGINIA 4650 S.W. 51ST STREET BAY 715 DAVIE, FL 33314				7. Name and Address of New Registered Agent Name Jenkins, Madonna Street Address (P.O. Box Number is Not Acceptable) 4650 SW 51 Street Ste. 715 City DAVIE FL 33314	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent's signature required when registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE ☒ Delete NAME PATTEN, VIRGINIA STREET ADDRESS 6930 STATE RD. 84, PMB 302 CITY-ST-ZIP DAVIE, FL 33324			TITLE ☒ Change ☐ Addition NAME Jenkins, Charles STREET ADDRESS 4650 SW 51st # 715 CITY-ST-ZIP DAVIE, FL 33314		
TITLE ☒ Delete NAME SMITH, SCOTT STREET ADDRESS 4650 S.W. 51ST STREET BAY 715 CITY-ST-ZIP DAVIE, FL 33314			TITLE ☒ Change ☐ Addition NAME Jenkins, Madonna STREET ADDRESS 4650 SW 51st # 715 CITY-ST-ZIP DAVIE, FL 33314		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Madonna Jenkins / Madonna Jenkins 10/28/03 9545831476 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2034 (10/02)

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