2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

DOCUMENT# P01000053120

Entity Name: EXCALIBUR TERMITE & PEST CONTROL, INC.

Current Principal Place of Business:

19314 PINE GLEN DRIVE
FORT MYERS, FL 33912

New Principal Place of Business:

19490 DEVONWOOD CIRCLE
FORT MYERS, FL 33912

Current Mailing Address:

19314 PINE GLEN DRIVE
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 65-1109598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CAIRO, STEPHEN A
Address: 19314 PINE GLEN DRIVE
City-St-Zip: FORT MYERS, FL 33912

Title: VD ( ) Delete
Name: HOOPER, PETER C
Address: 19314 PINE GLEN DRIVE
City-St-Zip: FORT MYERS, FL 33912

Title: SD ( ) Delete
Name: HOOPER, ANN MARIE
Address: 19314 PINE GLEN DRIVE
City-St-Zip: FORT MYERS, FL 33912

Title: TD ( ) Delete
Name: CAIRO, AMEDEA
Address: 19314 PINE GLEN DRIVE
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CAIRO, STEPHEN A
Address: 19490 DEVONWOOD CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: CAIRO, AMEDEA
Address: 19490 DEVONWOOD CIRCLE
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN A. CAIRO PRES 04/30/2002

Electronic Signature of Signing Officer or Director Date