2003 FOR PROFIT CORPORATION

UNIFORM	BUSINESS REPORT
DOCUMENT #	P0100059294

1. Entity Name

INSECT-E-CUTER PEST CONTROL INCORPORATED



Mar 20, 2003 8:00 am \$ Secretary of State 03-20-2003 90163 041 ***150.00 **FILED**

Secondary Seco	Principal Place of Business 815 N HOMESTEAD BLVD #205 HOMESTEAD FL 33030 HOMESTEAD FL 33030 Mailing Address 815 N HOMESTEAD BLVD # HOMESTEAD FL 33030					#205								
City & State City & State Desired \$8.75 Additional Fee Fee Required Street Address of New Registered Agent Name GARCIA, DAVID R 815 N HOMESTEAD BLVD #205 HOMESTEAD FL 33030 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) FL Zip Code Street Address (P.O. Box Number is Not Acceptable) FL Zip Code Street Address (P.O. Box Number is Not Acceptable) FL Zip Code FL Zip Code Street Address of required agent, in the State of Florida. I are transition with, and acceptable of the City of t									ee lii ee li ee ili	01116 18110 11 8 1	 			
20 20 20 20 20 20 20 20	Suite, Apt. #, etc. Homestead Florida Suite, Apt. #, etc.							CHECK HERE IF MAKING CHANGES						
S. Certificate of Status Desired \$50.79 Additional \$50.79 Addi	3303			_	& State			4.	FEI Number 65-111522	7		pplied For ot Applicable		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL	Zip	LLSA				Cour				ч	Fee Require			
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8. The above tramed 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 acce the obligations of registered agent. SIGNATURE	815 N HC	DMESTEAD						dress (P.O. B	Box Number is Not Acceptab	ıle)	-			
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 acce the obligations of registered agent. SIGNATURE Signature, types of printing running of ingulated agent and tale if applications. (NOTE Registered Agent signature required when rentaking) DATE	HOMESTE	EAD FL 330	30			,		_						
SIGNATURE Signature, typed or printed name of agoint and sign at the first probable (NOTE Registered Agent signature resulted when remetating) DATE							City			FL	Zip Cod	de		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State 10.	8. The above the obligat	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. Lam familiar with, and secret												
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	Signature tripled or printed come of weighted and the State of the Sta													
TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRE	After	r May 1, 200	3 Fee will be \$550.0				•							
TITLE NAME GARCIA, DAVID R STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE N	10.		OFFICERS AI	ND DIRECTO	RS	11.			L DITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE				☐ Delete	TITLE	. [. 1021071148		Addition		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	STREET ADDRESS	815 N. HO	MESTEAD BLVD #2	05		STRE	ET ADDRESS							
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	NAME STREET ADDRESS	,.			□ Delete	NAME STREE	T ADDRESS				Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 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	NAME STREET ADDRESS CITY-ST-ZIP					NAME STREE CITY-S	ST-ZIP					Addition		

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: