

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

05-27-2004 90014 049 ***150.00
06-17-2004 90001 001 ***158.75
P01000062270


FILED

04 JUN 22 PM 12: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

54057750

DOCUMENT # P01000062270
1. Entity Name
PDN Pest Management Consulting Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
296 Hammock Oak Cir.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
DeBary Florida

Zip Country
32713

DO NOT WRITE IN THIS SPACE 03-04

4. FEI Number
59-3728070

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Richard K. Churchman
Street Address (P.O. Box Number is Not Acceptable)
1255 Mason Ave
City Daytona Beach FL Zip Code 32117

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 *Richard K Churchman* DATE 6/9/04

January 1st - May 31st Fee is \$150.00
After May 31st - Fee is \$250.00
Amended UBR is \$81.25
(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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Philip R. Nichols 296 Hammock Oak Cir. DeBary FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Mary M. Nichols 296 Hammock Oak Cir. DeBary FL 32713
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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Philip Nichols* Philip Nichols 5-14-04 386-451-9442
Date Daytime Phone

CR2E0348 (12/02)