## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 02, 2002 8:00 am Secretary of State

| DOCUMENT # POLOOO68505  INSECT TECHS, INC  SECRETARY OF STATE 05-02-2002 90049 006 ***150.00   |  |
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| Suite, Apt. #, etc. Suite, Apt. #, etc.  | DO NOT WRITE IN THIS SPACE   |
| City & State  TACK SON YILLE, FL  Zip  32211  U. S. A. 32211   | 4. FEI Number Applied For Not Applicable  Country  U. S. A.  4. FEI Number Applied For Not Applicable  Scountry  Scoutificate of Status Desired Fee Required  See Required   |
| DO NOT WRITE<br>IN THIS SPACE  | 7. Name and Address of Current Registered Agent  Name LINDA IVEY  Street Address (P.O. Box Number is Not Acceptable)  ES 29  SYRINGA  City TAC ICEDA VILLE  FL Zip Code 322//  |
| 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 Signature. Hyped or privided name of registered agent and tills if applicable (NOTE: Registered Agent signature or unred when reinstating)  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  After May 1, Fee is \$150.00  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Trust Fund Contribution.  |  |
| 11. OFFICERS AND DIRECTORS  TITLE  NAME  LINDAM.IVEY  STREET ADDRESS  GTY. ST. ZIP  TACKSON VILLE FL 3 2211  | ITLE HAME STREET ADDRESS   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | TITLE NAME STREET ADDRESS CITY-ST-ZIP  TOTAL  TOTAL |
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| 13. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DESCRIPTION OFFICER OR DESCRIPTION OFFICER OR DESCRIPTION OFFICER OR DESCRIPTION OF THE PROPERTY O |  |