

# P01000093184

Requester's Name

ALL AMERICAN PEST SERVICES  
952 ROBERTS BLVD  
DELTONA, FL 32725

700004896247--9  
-02/08/02--01032--012  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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02 FEB -8 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- |                                    |   |  |
|------------------------------------|---|--|
| <input type="checkbox"/> Walk in   | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy        |
| <input type="checkbox"/> Mail out  | <input type="checkbox"/> Will wait          | <input type="checkbox"/> Certificate of Status |
| <input type="checkbox"/> Photocopy |   |  |

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

P01000093184  
2020 2-8-02

Examiner's Initials

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,  
the undersigned corporation organized under the laws of the State of \_\_\_\_\_  
submits the following statement in order to change its registered office or registered agent, or both, in  
the State of Florida.

1. The name of the corporation : ALL AMERICAN PEST SERVICES INC.

2. The mailing address of the corporation : 2159 W. FIRWOOD DR  
DELTONA, FL 32725

3. Date of incorporation/qualification: 9/24/2000 Document number: PO1000093184

4. The name and address of the current registered agent and office:

BUSINESS FILINGS INCORPORATED  
8025 EXCELSIOR DR SUITE 200  
MADISON WI 53717

5. The name and address of the new registered agent (if changed) and/or registered office (if changed)  
(P. O. Box Not Acceptable)

LYNN MANCHETTE  
952 ROBERTS BLVD  
DELTONA, FL 32725

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Lynn Manchette  
(Signature of an officer, chairman or vice chairman of the board)

2/5/02  
(Date)

LYNN MANCHETTE, CHAIRMAN  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Lynn Manchette  
(Signature of Registered Agent)

2/5/02  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

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