FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State
04-03-2003 90143 028 ***150.00

DOCUMENT # P02000022963

1. Entity Name
Heron Pest Control, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4044 W. Lake Mary blv	4044 W. Lake Mary Blvd
Suite, Apt. #, etc. 104-338	Suite, Apt. #, etc. 104-338
City & State Lake Mary, Fl.	City & State Lake Mary, Fl.
Zip 32746 Country Seminole	Zip 32746 Country Seminole

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0613095 ☐ 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: Joseph Patti
Street Address (P.O. Box Number is Not Acceptable): 415 Lake Pointe
unit 308
City: Alt. Springs FL Zip Code: 32701

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 _____ Joseph Patti 2-10-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President	TITLE	
NAME	Joseph Patti	NAME	
STREET ADDRESS	415 Lakepointe	STREET ADDRESS	
CITY-ST-ZIP	Alt. Springs Fl 32701	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Rodney Lackey	NAME	
STREET ADDRESS	1230 North St	STREET ADDRESS	
CITY-ST-ZIP	Longwood Fl 32750	CITY-ST-ZIP	
TITLE	Treasurer	TITLE	
NAME	Steve Okros	NAME	
STREET ADDRESS	604 Applewood Av.	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Alt. Springs Fl 32714	CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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: _____ 2-10-03 407 8304658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #