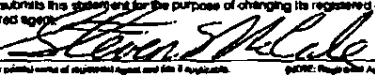
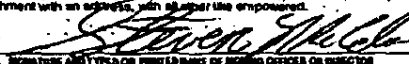


FILED
Jun 23, 2003 8:00 am
Secretary of State

6/3

06-03-2003 90040 027 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000034996		
1. Entity Name GULF COAST LAWN & PEST MANAGEMENT INC.		
Principal Place of Business 406 S E 19TH STREET CAPE CORAL, FL 33990		Mailing Address 406 S E 19TH STREET CAPE CORAL, FL 33990
2. Principal Place of Business		3. Mailing Address
State, Apt. #, etc.		State, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. Name and Address of Current Registered Agent MCCABE, STEVE 406 S E 19TH STREET CAPE CORAL, FL 33990		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
6. Certificate of Status Desired ☒ 03-0436414 Applied For Not Applicable		
7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
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 		DATE
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee		
10. OFFICERS AND DIRECTORS		
TITLE	PD	☐ Delete
NAME	MCCABE, STEVE	
STREET ADDRESS	406 S E 19TH STREET	
CITY - ST - ZIP	CAPE CORAL, FL 33990	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with respect to the empowered.		
SIGNATURE: 		

55049538

☐ CHECK HERE IF MAKING CHANGES

CR03034 (10/02)