

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

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90258 028 \*\*\*150.00

059901 AV

**DOCUMENT # P02000036969**

1. Entity Name  
**TRINITY TERMITE & PEST CONTROL, INC.**



Principal Place of Business  
**2413 GRAND BLVD  
HOLIDAY FL 34690**

Mailing Address  
**2413 GRAND BLVD  
HOLIDAY FL 34690**



2. Principal Place of Business  
*2413 Grand Blvd, Holiday FL 34690*

3. Mailing Address  
*2413 Grand Blvd, Holiday FL 34690*

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
*HOLIDAY FLA*

City & State  
*HOLIDAY FLA*

Zip  
*34690*

Country  
*FLASCO*

Zip  
*34690*

Country  
*FLASCO*

4. FEI Number  
*02 0591611*

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FRENETTE, LANCE**  
**4947 BARTELT ROAD**  
**HOLIDAY FL 34690**

7. Name and Address of New Registered Agent

Name  
*John R. Frenette*

Street Address (P.O. Box Number is Not Acceptable)  
*2413 Grand Blvd.*

City  
*HOLIDAY*

FL Zip Code  
*34690*

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 *John R. Frenette* (NOTE: Registered Agent signature required when reinstating)

DATE *1-9-03*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	DP FRENETTE, LANCE 4947 BARTELT ROAD HOLIDAY FL 34690	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FRENETTE, JOHN 2413 GRAND BLVD HOLIDAY FL 34690	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: *John R. Frenette* **SIGNATURE REQUIRED**

DATE: *1-9-03*

Daytime Phone #: *727 9370629*

CP2E034 (10/02)