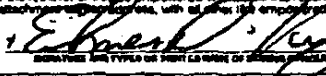


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-02-2003 90122 037 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)			
DOCUMENT # P02000049340		55026183	
1. Entity Name TNT PEST CONTROL INC.			
Principal Place of Business 6932 TRAILSIDE NORTH MILTON, FL 32570		Mailing Address 6932 TRAILSIDE NORTH MILTON, FL 32570	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FET Number 04-3710147		Applied For New Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TURNER, ELMER D JR 6932 TRAILSIDE NORTH MILTON, FL 32570		7. Name and Address of New Registered Agent NAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 Signature, name or printed name of registered agent and title if applicable		DATE DATE Registered Agent's printed name, address, and title	
9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
☐ Delete		☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P Elmer Turner Jr 6932 Trailside Milton, FL 32570	
☐ Delete		☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		V. President Tina Turner 6932 Trailside Milton, FL 32570	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information submitted with this form does not qualify for the exemption stated in Section 198.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplementary report is true and accurate and that the information has 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 attached supplementary report, with all other full employees.			
SIGNATURE: 		33403	