


**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90232 012 \*\*\*163.75

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

DOCUMENT # P02000106098

1. Entity Name  
**PROSTAR EXTERMINATION, INC.**



**DO NOT WRITE IN THIS SPACE**

**10104044**

2. Principal Place of Business  
12500 SW 251 TERR  
 Suite, Apt. #, etc.

3. Mailing Address  
12500 SW 251 TERR  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
PRINCETON FLORIDA

City & State  
PRINCETON, FL. 3

4. FEI Number  
82-0569931

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  
DIOGENES A. TELLEZ

Street Address (P.O. Box Number is Not Acceptable)  
12500 SW 251 TERR.

City  
PRINCETON

FL

Zip Code  
33032

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] DIOGENES A. TELLEZ P-V-P-S-T MAY 9, 2003

(NOTE: Registered Agent signature required when reinstating)

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 <u>P-V-P-S-T</u>	TITLE <u>DIOGENES A. TELLEZ</u>
NAME <u>DIOGENES A. TELLEZ</u>	NAME <u>DIOGENES A. TELLEZ</u>
STREET ADDRESS <u>12500 SW 251 TERR</u>	STREET ADDRESS <u>12500 SW 251 TERR</u>
CITY-ST-ZIP <u>PRINCETON, FL. 33032</u>	CITY-ST-ZIP <u>PRINCETON, FL. 33032</u>
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
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STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

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: [Signature] 05-09-03 305-258-6249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)