


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 Applied For
 Not Applicable

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

Zip
33032 Country USA

Zip
33032 Country USA

**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
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 <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 |
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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)