	MENT # P02000		U3 (	FILED				39 AT			
	PEST CONTROL, INC.						DCT -6 AI DRETARY OF				
Principal Place of Business 412 EMERALD DR S INDIAN HARBOUR BEACH FL 32937		Mailing Address 412 EMERALD DR S INDIAN HARBOUR BEACH FL 329		7		1 2 <b>0 h</b> 11 <b>0</b> 01 115 <b>0 h</b> 21 <b>h</b> 12	Petary of Ahassee. I	(1 <b>111</b> (11 <b>0</b> ) (	, ·	1888 (IN 1 <b>28</b> )	
2 Principal P	Place of Business	3. Mailing Address			-						
						emet	'ATENA	EN!		\ <b>5</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				COST CHEC	K HERE IF MA	KING CH	ANGES	03	<b>31</b>
City & State		City & State			4. FEI	Number 18-053	3649		<b>⊢</b>	plied For at Applicable	-
Zip Country		Zip Cor		try		tificate of Status			75 Add		
	6. Name and Address of Current R	egistered Agent		Name	7. Nan	ne and Address	of New Registe			<u>-</u>	1
BOGEN, N	MEREDITH M	e 🕶 .	Street Address (P.O. Box Number is Not Acceptable)						·	4	
412 EMERALD DR S				direct Addisso (1.5. Box Nambor 15 Not Addisso)							-
INDIAN H	ARBOUR BEACH FL 32937			City			· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	<del></del>	-
8. The above	named entity submits this statement for	the purpose of changing it	s registere		red agent,	, or both, in the S	· · · · · · · · · · · · · · · · · · ·	<u> </u>	iar with, a	and accept	-
the obligat	tions of registered agent.										
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NO	TE: Registered	d Agent signature required	d when reinsta	ating)	D	ATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State				9. Election Can Trust Fund C		, <sub>□</sub>		<b>0</b> May Be to Fees	]
10.	OFFICERS AND DIRECTORS				ADDIT	TIONS/CHANGE	S TO OFFICERS				1
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STREET ADDRESS CHY-ST-ZIP	Pertify that the information curvation with the	nis filling dose not qualify for	CITY-	ET ADDRESS -ST-ZIP	action 110	07(3)/i\ Florido	Statutee I furtho	r certify t	nat the in	dormation	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is the poration or the receiver or trustee empower or on an attachment with an address, with a paddress, with a paddress of the post of t	rue and accurate and that rered to execute this report th all other like empowered	my signat t as requir	ure shall have the s	same lega	al effect as if mad	le under oath: th	at I am a	n officer (	or director	

SIGNATURE:

773 0549

## Bogen Pest Control, Inc. 412 Emerald Drive South Indian Harbour Beach, Fl. 32937 (321) 773-0549

Dear Sirs,

Please accept my apology for not filing the Uniform Business Report by the due date of May 1, 2003.

I am owner of a new company, and became overwhelmed by the amount and complexity of the forms involved of owning my own business. I recently hired a bookkeeping company to assist me in the filing of all the tax forms and other forms needed to be compliant with the State of Florida. The Uniform Business Form was overlooked by me and put aside to be dealt with at a later date, not knowing of the severe financial penalties.

As you know, new businesses have a lot to learn and sometimes struggle for the first few years. Mine is no exception. I have been doing all that I can to keep my head above water, and keep the power on. To save on costs, I operate my business from home. My wife and I both work, and juggle our time with our business and our two children. Times have indeed been tough.

Next year, you can be assured the Uniform Business Report will be filed on time. This is a hard lesson learned. I am asking that the late filing fees be waived, to help get me get back on course and to stay there. Any help you can offer me will be greatly appreciated. I can be reached by telephone (321) 773-0549, or by fax (321) 773-0542.

Thank You,

Paul L. Bogan

\_ Paul L Bogen

Owner, Bogen Pest Control, Inc.

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