FILED
May 16, 2007 8:00 am
Secretary of State
05-16-2007 90015 027 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000098163

1. Entity Name
PEST KING PEST CONTROL SERVICES, INC.

DO NOT WRITE IN THIS SPACE

40114326
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
30926 SAFFRON AVE	30926 SAFFRON AVE
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: EUSTIS, FL	City & State: EUSTIS FL
Zip: 32736 Country: US	Zip: 32736 Country: US

4. FEI Number: 20-0236580 — Applied For / Not Applicable

P03000098163

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: PATTI LEVIN EA
Street Address (P.O. Box Number is Not Acceptable): 1250 MT HOMER RD, STE 3
City: EUSTIS FL Zip Code: 32726

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: Patti Levin EA
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	PRESIDENT	TITLE	
NAME	REX KING	NAME	
STREET ADDRESS	30926 SAFFRON AVE	STREET ADDRESS	
CITY-ST-ZIP	EUSTIS, FL 32736	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

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: Patti Levin EA — 4/30/07 — (352) 357-0007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/03)