## 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000034255

Entity Name: XTERM PEST MANAGEMENT, INC.

FILED Oct 14, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**Current Principal Place of Business: New Principal Place of Business:** 

6825 EDGEWATER DRIVE 1901 W. COLONIAL DR SUITE B SUITE 1

ORLANDO, FL 32810 ORLANDO, FL 32804 US

**Current Mailing Address: New Mailing Address:** 

1031 BARRONWOOD ROAD PO BX 547517

OCOEE, FL 34761 ORLANDO, FL 32854 US

FEI Number: 20-4455856 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SINGH, VISHNU SINGH, VINCE 1031 BARRONWOOD RD 1901 W. COLONIAL DR US OCOEE, FL 34761 ORLANDO, FL 32804

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.

SIGNATURE: VINCE SINGH 10/14/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

(X) Change ( ) Addition **PVST** ( ) Delete Title:

Title: SINGH, VISHNU SINGH, VINCE Name: Name: 1031 BARRONWOOD RD Address: 1901 W. COLONIAL DR Address: City-St-Zip: OCOEE, FL 34761 US City-St-Zip: ORLANDO, FL 32804 US

Title: Title: (X) Change ( ) Addition () Delete

Name: WILLIAMS, THERON Name: WILLIAMS, THERON 1031 BARRONWOOD RD Address: 1901 W. COLONIAL DR Address: OCOEE, FL 34761 US ORLANDO, FL 32804 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: VINCE SINGH 10/14/2009