2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P92000012031 DOCUMENT

1. Entity Name

BUNNY & BILL'S PEST CONTROL, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90453 018 ***150.00

		WE TO THE TOTAL PROPERTY OF THE PARTY OF THE		
Principal Place of Business 1111 NEOGA STREET JUDITER FL 33458	Mailing Address 1111 NFOGA STREET JUPITER FL 33458			
2. Principal Place of Business 11055 S/E FEDERAL	Hwy — SAME			
Suite, Apt. #, etc. # 25	Suite, Apt. #, etc.	☐ CHECK HERE	F MAKING CHANGES	
City & State	City & State	4. FEI Number 65-0375430	Applied For	
HOBE SOUND	<u>5845</u>	00 0010400	Not Applica	
Zip Country	Zip Country	E. Cartificate of Status Desired	☐ \$8.75 Additional	

7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name MCDONALD, MARSHALL III Street Address (P.O. Box Number is Not Acceptable) 224 DATURA STREET **SUITE 1109** WEST PALM BEACH FL 33401 Zip Code City

542 E

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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

_5. Certificate of Status Desired

\$5.00 May Be Added to Fees

Applicable

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE ☐ Delete 95 SAME NAME DONOHUE, ROBERTA NAME STREET ADDRESS STREET ADDRESS 1111 NEOLA ST ADRESS ABOVE CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 1 NAME DONOHUE, WILLIAM NAME ı١ STREET ADDRESS STREET ADDRESS 4111 NEOLA ST CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TIT! F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 Block 11 if changed, or on an attachment with an address, with all other like empowered

DONOHUE JERI-9-03