2000 UNIFORM BUSINESS REPORT (UBR)

May 16, 2000 8:00 am Secretary of State DOCUMENT # P93000015054 CERTIFIED TERMITE & PEST CONTROL SPECIALISTS INC 05-16-2000 90122 004 ***150.00 Principal Place of Business Mailing Address 3760 SANTA BARBARA PL SE 3760 santa barbara Pl se CAPE CORAL FL 33904-4178 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address 230 23 10: Suite: Apt: #, etc.'. 13 Suite, Apt #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0388252 Not Applicable Country Zip ------Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KEMNITZ, GRADY Street Address (P.O. Box Number is Not Acceptable) 3760 SANTA BARBARA PL SE CAPE CORAL FL 33904 Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 ☐ Addition ☐ Change ☐ Delete TITLE KEMNITZ, GRADY NAME NAME STREET ADDRESS STREET ADDRESS 3760 SE SANTA BARBARA PK CITY-ST_ZIP__ CITY-ST-ZIP CAPE CORAL FL ☐ Delete Change ☐ Addition TITLE TITLE TINA KEMNITZ NAME NAME 3760 S.E. SANTA BARBARA PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13: 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ADY KEMNITZ 4-4-00

FILED