

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000043891****FILED**
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90027 034 ***150.00

0029367

| | | | |
|--|---------|--|---------|
| 1. Entity Name PEST CONTROL DEPOT, INC. OF PANAMA CITY | | | |
| Principal Place of Business 1405 - F WEST 15TH STREET PANAMA CITY FL 32401 | | Mailing Address 1405 - F WEST 15TH STREET PANAMA CITY FL 32401 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|--|--|
| 4. FEI Number 59-3142379 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CAMPBELL, WENDELL 1405 - F W. 15TH STREET PANAMA CITY FL 32401 | | | |
| 7. Name and Address of New Registered Agent Name CAMPBELL, WENDELL Street Address (P.O. Box Number is Not Acceptable) 1405-G W. 15TH ST. City PANAMA CITY FL Zip Code 32401 | | | |
| 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. SIGNATURE WENDELL CAMPBELL (NOTE: Registered Agent signature required when reinstating) DATE 1/9/01 | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back) | | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | |
| 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CAMPBELL, WENDELL 1200 LIENBY AVENUE PANAMA CITY FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **WENDELL W. CAMPBELL** **1/9/01 (80) 785-8304**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)