2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P94000057878** Feb 22, 2000 8:00 am Secretary of State MILLS EXTERMINATING SERVICE, INC. 02-22-2000 90054 002 ***150.00 Principal Place of Business Mailing Address 2400 TROUT RIVER BLVD 2400 TROUT RIVER BLVD JACKSONVILLE FL 32208 JACKSONVILLE F 32208-1457 **U A U U U U** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. F£I Number 59-3260520 Not Applicable Zip Country 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 Name MILLS, LEANDREW JR Street Address (P.O. Box Number is Not Acceptable) 9818 SPOTTSWOOD ROAD WEST JACKSONVILLE FL 32208 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Addition ☐ Delete TITLE TITI F MILLS. LEANDREW JR NAME 9818 SPOTTSWOOD ROAD WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32208 De'ete Change TITLE Addition TITLE MILLS, BRENDA Y NAME NAME 9818 SPOTTSWOOD ROAD WEST STREET ADDRESS STREET ADDRESS CITY-ST-71P JACKSONVILLE FL 32208 CITY-ST-ZIP Addition ☐ Change De'ete TITLE TITLE MILLS, LEANDREW III NAME NAMÉ 9818 SPOTTSWOOD ROAD WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32208 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete

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 in changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

NAME

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR