

DOCUMENT # ~~P~~95000004119

1. Entity Name

A-PRO PEST CONTROL ENTERPRISE INC.

03-23-2001 90035 005 ***150.00

Principal Place of Business	Mailing Address
6115 SHORE ACRES DR BRADENTON FL 34209	6115 SHORE ACRES DR BRADENTON FL 34209

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0601942	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
STEIN, ALAN 2004 42ND ST. W. BRADENTON FL 34205

7. Name and Address of New Registered Agent	
Name Stein, Alan	
Street Address (P.O. Box Number is Not Acceptable) 4002 2nd Ave. E.	
City Bradenton	FL Zip Code 34208

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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(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. ☐ **\$5.00** May Be Added to Fees

[illegible]

12.					
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			

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: [Signature] 3/21/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)