2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

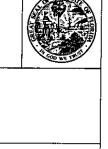
Principal Place of Business

P95000025217

Mailing Address

1. Entity Name

YOUR XTERMINATORS, INC.



FILED Mar 24, 2003 8:00 am Secretary of State 03-24-2003 90641 024 ***150.00

104 FREEPORT LANE PALM COAST FL 32137		P.O. BOX 351963 PALM COAST FL 32135		A TORRITOR THE REGION FROM BOTH TO THE CONTROL FROM THE PROPERTY OF THE PROPER	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-3305820 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
GUNTHARP, PAUL M JR.,ESQ 185 CYPRESS POINT PARKWAY SUITE 6			Street Addr	Street Address (P.O. Box Number is Not Acceptable)	
	AST FL 33164		City	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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. Added to Make Check Payable to Florida Department of State					
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUHOMSKE, DONALD 4 FLOWER HILL DRIVE PALM COAST FL 32137	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	☐ Change ☐ Addition	
_ TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

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 attackment with an address, with all other like empowered. ment with an address, with all other like empowered.

SIGNATURE: