



APR-22-2003 09:28

LUMBERMEN'S UNDERWRITING

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90282 045 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000056851

1. Entity Name
 THE FLORIDA PEST SOLUTION, INC.



Principal Place of Business
 150 SW 12 AVE
 SUITE 360
 POMPANO BEACH, FL 33069

Mailing Address
 150 SW 12 AVE
 SUITE 360
 POMPANO BEACH, FL 33069

90105954



2. Principal Place of Business
 150 SW 12 Ave
 Suite, Apt. #, etc.
 201D

3. Mailing Address
 150 SW 12 Ave
 Suite, Apt. #, etc.
 201D

☒ CHECK HERE IF MAKING CHANGES

City & State
 Pompano Beach, FL
 Zip
 33069
 Country
 Broward

City & State
 Pompano Beach, FL
 Zip
 33069
 Country
 Broward

4. FEI Number
 65-0598774
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAGE, NORMAN
 150 SW 12 AVE
 SUITE 360
 POMPANO BEACH, FL 33069

7. Name and Address of New Registered Agent

Name
 Silver, Burton

Street Address (P.O. Box Number is Not Acceptable)

150 SW 12 Ave # 201D

City Pompano Beach FL Zip Code 33069

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 except the obligations of registered agent.

SIGNATURE

[Signature]

BURTON SILVER

A-22-03

Signature, printed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 SILVER, BURTON
 3064 GLENDALE DR
 BOCA RATON, FL 33433 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 ROMANO, PETER
 PO BOX 970640
 MARGATE, FL 33063 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 SAGE, NORMAN
 11076 HARBOUR SPRINGS
 BOCA RATON, FL 33428 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] BURTON SILVER

A-22-03 (954) 786-1263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZEC34 (10/02)