2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 02, 2000 8:00 am Secretary of State DOCUMENT # **P95000083390** PEST DOCTOR, INC. 05-02-2000 90004 005 ***150.00 Mailing Address Principal Place of Business 6254 POWERS AVENUE. UNIT 512 6254 POWERS AVENUE, UNIT 512 JACKSONVILLE FL 32217 JACKSONVILLE FL 32217-2216 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3342248 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ___ Addition TITLE Change TITLE ☐ Detete MITCHELL, LAWRENCE L NAME NAME STREET ADDRESS STREET ADDRESS 6254 POWERS AVENUE, UNIT 512 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32217 ■ Addition ☐ Change ☐ Delete TITLE MITCHELL, PATRICIA ANN NAME STREET ADDRESS 6254 POWERS AVENUE, UNIT 512 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32217 CITY-ST-ZIP Change Addition TITLE Delete NAME* NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

SIGNATURE AND TYPED OR (RINTED MAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4-25-0

(904) P3P-010

☐ Change

Addition

Daytime Phone