2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am DOCUMENT # P95000091418 **Secretary of State** 1. Entity Name ARROW TERMITE AND PEST CONTROL INC. 02-11-2002 90105 013 ***150.00 Mailing Address Principal Place of Business P.O. BOX 3006 P.O. BOX 3006 KEY LARGO FL 33037 KEY LARGO FL 33037 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0629193 Not Applicable Country Zip 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 SANTE, PAMELA ---Street Address (P.O. Box Number is Not Acceptable) 300 ATLANTIC DRIVE KEY LARGO FL 33037 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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 OFFICERS AND DIRECTORS 12. 11. Addition TITLE Change TITLE ☐ Delete SANTE, PAMELA NAME NAME 300 ATLANTIC DR SUITE 10 STREET ADDRESS STREET ADDRESS KEY LARGO FL 33037 CITY-ST-ZIP :> CITY-ST-ZIP ■ Addition ☐ Change TITLE TITLE ☐ Defete NAME NAME SANTE, CHRIS 300 ATLANTIC DR SUITE 10 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY LARGO FL 33037 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME **福加州新疆** 最后 STREET ADDRESS STREET ADDRESS Manual reserve CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE

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.

STREET ADDRESS

CITY-ST-ZIP

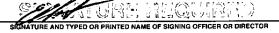
NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP



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CR2E034 (9/01)