2000 UNIFORM BUSINESS REPORT (UBR)

May 09, 2000 8:00 am Secretary of State DOCUMENT # **P96000004839** THE BUG MAN PEST SERVICES, INC. 05-09-2000 90019 008 ***150.00 Principal Place of Business Mailing Address 6549 MADISON ST MADISON ST ST AUGUSTINE FL 32084-7655 AUGUSTINE FL 32084 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3363319 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FINK, MARTIN V JR Street Address (P.O. Box Number is Not Acceptable) 6549 MADISON ST ST AUGUSTINE FL 32084 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition Delete TITLE TITLE FINK, MARTIN V JR NAME NAME STREET ADDRESS STREET ADDRESS 6549 MADISON ST CITY-ST-ZIP CITY-ST-ZIP ST AUGUSTINE FL 32084 Change Addition ☐ Delete TITLE NAME FINK, DEBORAH J NAME STREET ADDRESS 6549 MADISON ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ST AUGUSTINE FL 32084 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Defete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

Il Martin V. Fink gr.

SIGNATURE:

FILED

CR2E034 (9/99)