2000 UNIFORM BUSINESS REPORT (UBR)

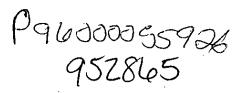
DOCUMENT # P96000055926 May 09, 2000 8:00 am Secretary of State 1. Entity Name TOTAL PEST CONTROL OF INDIAN RIVER COUNTY, INC. 05-09-2000 90112 015 ***150.00 Principal Place of Business Mailing Address 4676 US ONE 4676 US ONE VERO BEACH FL 32967 VERO BEACH FL 32967-1598 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0680292 Not Applicable Zip Country Country Zip \$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 FANARO, RONALD S Street Address (P.O. Box Number is Not Acceptable) 7555 20 STREET VERO BEACH FL 32962 Zip Code 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Z Delete TITLE ☐ Change ☐ Addition FLEISHER, DOUG NAME NAME STREET ADDRESS **6420 53RD STREET** STREET ADDRESS VERO BEACH FL 32967 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI E ☐ Change ☐ Addition TITLE WINGATE, JAMES V NAME NAME 30 1ST COURT SW STREET ADDRESS STREET ADDRESS VERO BEACH FL 32962 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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 TITLE ☐ Delete TITLE Change ☐ Addition 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-770-0057



RESIGNATION

GENTLEMEN:

I herewith tender my resignation as Director and Officer of TOTAL PEST CONTROL,

INC., a Florida corporation, to take effect immediately.

DATED this <u>27</u> day of April, 2000.

DOUG FLEISHER