

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90003 026 ***150.00

DOCUMENT # P96000071086
1. Entity Name JOHN'S PEST CONTROL, INC.

Principal Place of Business 2118 ROOKERY BAY DR. #3107 NAPLES FL 34114	Mailing Address 18 VICTORY WAY LAKE PLACID FL 33852
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2. Principal Place of Business 413 Panay Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Naples FL	City & State
Zip 34113	Country Collier



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0708244	<input type="checkbox"/> Applied For
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHILDS, DONALD G 983 NO. COLLIER BLVD. MARCO ISLAND FL 33969	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUGHES, JOHN F 18 VICTORY WAY LAKE PLACID FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WRIGHT, MARGO L 18 VICTORY WAY LAKE PLACID FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 fee empowered.

SIGNATURE: *John Hughes* **1-06-02 863 699-5907**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)