2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P9700058990 SOUTH COUNTY PEST CONTROL, INC. 04-02-2001 90051 043 ***150.00 Principal Place of Business Mailing Address 715 BRADENTON RD. 715 BRADENTON RD. VENICE FL 34293 VENICE FL 34293 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0768017 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMPSON, FRANK S Street Address (P.O. Box Number is Not Acceptable) 715 BRADENTON RD. VENICE FL 34293 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. SIGNATURE. Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, 12. CR2E034 (10/00) Addition TITLE ٠ 🔲 Delete TITLE ☐ Change THOMPSON, FRANK S NAME 715 BRADENTON RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP VENICE FL 34293 Change ☐ Addition TITLE Delete TITLE THOMPSON, LOIS A NAME NAME 715 BRADENTON RD. STREET ADDRESS STREET ADDRESS VENICE FL 34293 CITY-ST-7IP CITY-ST-ZIP ☐ Change Delete TITI F ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITI F ☐ Channe TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FRANK S. THOMPSON IR

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR