FILED
Aug 29, 2003 8:00 am
Secretary of State
08-29-2003 90092 012 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80142039

DOCUMENT # P97000074391

1. Entity Name
NEW TECH PEST CONTROL, CO., INC.

Principal Place of Business	Mailing Address
1040 FAWN COURT OLDSMAR, FL 34677	1040 FAWN COURT OLDSMAR, FL 34677

[redacted]

2. Principal Place of Business	3. Mailing Address
471 Whispering Lakes Blvd.	P O Box 340
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tarpon Srpings, FL	City & State: Oldsmar, FL
Zip: 34688 Country: USA	Zip: 34677 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3467227 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CIANCI, ROBERT L 1040 FAWN COURT OLDSMAR, FL 34677	Name: Robert L. Cianci Street Address (P.O. Box Number Is Not Acceptable): 471 Whispering Lakes Blvd City: Tarpon Springs FL Zip Code: 34688

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Robert L. Cianci — 08/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CIANCI, ROBERT L 1040 FAWN COURT OLDSMAR, FL 34677	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Robert L Cianci 471 Whispering Lakes Blvd Tarpon Springs FL 34688	XX Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert L. Cianci — 08/25/03 — 727-772-7378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #