FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90138 014 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091840

1. Entity Name
THE BUG SHOPPE DO-IT-YOURSELF PEST CONTROL STORE, INC.

11029886

Principal Place of Business	Mailing Address
35136 US 19 N BROOKSVILLE, FL 34614	35136 US 19 N BROOKSVILLE, FL 34614

2. Principal Place of Business	3. Mailing Address
35136 U.S. 19 N.	P.O. Box 874
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Harbor, Fl	City & State: Palm Harbor, Fl.
Zip: 34684 Country: Pinellas	Zip: 34682 Country: Pinellas

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3541004 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DRIS, MICHAEL E
2469 ENTERPRISE ROAD SUITE B
CLEARWATER, FL 33763

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City FL Zip Code

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 ______
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
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	PD ZERVOS, PETE L 1402 ISLAND AVE. TARPON SPRINGS, FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONNOR, PAUL W 327 KNOLLWOOD ROAD TARPON SPRINGS, FL 34689	☐ 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: [signature] PETE L. ZERVOS, PRES. 4/28/3 727-771-7474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #