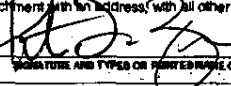


FILED
Apr 30, 2003 8:00 am
Secretary of State

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.		
Principal Place of Business 35136 US 19 N BROOKSVILLE, FL 34614		Mailing Address 35136 US 19 N BROOKSVILLE, FL 34614
2. Principal Place of Business 35136 U.S. 19 N. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 874 Suite, Apt. #, etc.
City & State PALM HARBOR, FL		City & State PALM HARBOR, FL
Zip 34684		Zip 34682
Country Pinellas		Country Pinellas
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 2489 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 _____ DATE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when substituting)		
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		
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:  PETE L. ZERVOS, PRES. 4/28/03 727-771-7474 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

11029886



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)