

2000 UNIFORM BUSINESS REPORT (UBR)

44/18/00-90251-031-\$150.00-\$150.00 *page 1 of 2*

DOCUMENT # P99000008862

1. Entity Name
MILLENNIUM PEST MANAGEMENT, INC.

FILED

00 OCT 20 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2897 N. COVINGTON DRIVE
DELTONA FL 32738

Mailing Address
2897 N. COVINGTON DRIVE
DELTONA FL 32738-1664

2. Principal Place of Business
289 E. Ohio Ave.
Suite, Apt. #, etc.

3. Mailing Address
289 E. Ohio Ave.
Suite, Apt. #, etc.



City & State
Lake Helen, Florida

City & State
Lake Helen, Florida

Zip
32744

Country
Volusia

Zip
32744

Country
Volusia

4. FEI Number
073552951

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
WHEELER, WILLIAM A
2897 N. COVINGTON DRIVE
DELTONA FL 32738

7. Name and Address of New Registered Agent
Name: Wheeler, William A.
Street Address (P.O. Box Number is Not Acceptable): 289 E. Ohio Ave.
City: Lake Helen FL Zip Code: 32744

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WHEELER, WILLIAM A 2897 N. COVINGTON DRIVE DELTONA FL 32738 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wheeler, William A. 289 E. Ohio Ave. Lake Helen, FL 32744 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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CR2E004 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: *[Signature]* Date: **4-13-00** Daytime Phone #

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Mr. William A. Wheeler
c/o Millennium Pest Management, Inc.
2897 N. Covington Dr.
Deltona, FL 32738

October 16, 2000

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Dear Katherine Harris:

Please be advised that the letter sent on May 24, 2000, I just now received on October 13, 2000. I am adjusting Block 4, of the 2000 Uniform Business Report. I am sorry for any inconvenience that this may have caused. If you have any questions concerning this action, please contact me at the said address.

Thank you for your attention to this matter. Once again if you have any questions please feel free to contact me at the address noted above.

Sincerely,

William Wheeler

Employer ID # 59355 2951