FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 99000012422

1. Entity Name

A &,J Pest Control Inc

DO NOT WRITE IN THIS SPACE

FILED
10 APR 23 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business	3. Mailing Address
877 Bright Meadow Dr	877 Bright Meadow DR
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Lake Mary, Fl	City & State: Lake Mary, Fl
Zip: 32746 Country: seminole	Zip: 32746 Country: seminole

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3555990 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: **Spiegel & Utrera, P.A.**

Street Address (P.O. Box Number is Not Acceptable):

1840 Coral Way, 4th Floor

City: **Miami** **FL** Zip Code: **33145**

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 signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Proctor Howard W 877 Bright Meadow Dr Lake Mary Fl 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD Proctor Pamela S 877 Bright Meadow DR Lake Mary Fl 32746
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-14-2010 407-330-4779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #