2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # P99000034549 APOLLO TERMITE & PEST CONTROL, INC. 05-01-2001 90029 037 ***155.00 Principal Place of Business Mailing Address 2204 CITRUS BLVD 2204 CITRUS BLVD STE 6 LEESBURG FL 34748 LEESBURG FL 34748 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For . -4. FEI Number 59-3568934 - ~ Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OLIVER, RANDALL J Street Address (P.O. Box Number is Not Acceptable) 1845 SPRINGLAKE DRIVE FRUITLAND PARK FL 34731 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete ☐ Change TITLE TITLE OLIVER, ANDREA M NAME NAME STREET ADDRESS 1845 SPRINGLAKE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FRUITLAND PARK FL 34731 Change Addition □ Delete TITLE TITLE OLIVER, RANDALL JR NAME NAME 1845 SPRINGLAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FRUITLAND PARK FL 34731 P/V/S/D/C/M RANDALL OLIVES Change ☐ Addition Delete TITI F 1845 Spring LAKE Rol NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP Fruitland PAIK FL. 34731 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR SHINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DIRECTOR