FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 15, 2002 8:00 am P99000041681 DOCUMENT # **Secretary of State** 1. Entity Name 01-15-2002 90084 009 ***150.00 STATEWIDE PEST CONTROL SERVICES, INC. Principal Place of Business Mailing Address 321 PARK AVENUE P.O. BOX 1581 ROOM K **BOCA GRANDE FL 33921 BOCA GRANDE FL 33921** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0928237 Not Applicable Country Zip Country Zip. \$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 Name SULLIVAN, ROBERT F Street Address (P.O. Box Number is Not Acceptable) 321 PARK AVENUE **BOCA GRANDE FL 33921** City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See critería on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change ☐ Addition CR2E034 (9/01 TITLE ☐ Delete SULLIVAN, ROBERT NAME NAME 321 PARK AVENUE STREET ADDRESS STREET ADDRESS **BOCA GRANDE FL 33921** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MERRITT, DARNA NAME 321 PARK AVENUE STREET ADDRESS STREET ADORESS BOCA GRANDE FL 33921 CITY-ST-ZIP CITY_ST_ZIP TITI F ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in Block 12 i accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director axecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachme

n address, with