2001 UNIFORM BUSINESS REPORT (UBR) May 11, 2001 8:00 am Secretary of State DOCUMENT # P99000059759 SUNCOAST TERMITE & PEST CONTROL, INC. 05-11-2001 90018 032 ***158.75 Principal Place of Business Mailing Address 4123 N TAMIAMI TR #201-D 4123 N TAMIAMI TR #201-D SARASOTA FL 34234 SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address 1504 53RD AUE WEST DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0886848 GOTGBOAN. Not Applicable OTGBGA1 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARRIS, JAMES A Address (P.O. Box Number is Not Acceptable) 4123 N TAMIAMI TR #201-D SARASOTA FL 34234 BOADERTOR 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 BITTAL **SIGNATURE** ature, 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete Change ☐ Addition SR2E034 (10/00 TITLE TITEF HARRIS, JAMES A NAME NAME ZAMES 3716 215T いとらで 260 34TH AVE DR. EAST STREET ADDRESS STREET ADDRESS Braden Top CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** VΡ Delete TITLE Change Addition TITLE HARRIS, ELAINE M NAME NAME Q157 260 34TH AVE DR EAST STREET ADDRESS STREET ADDRESS 34205 **BRADENTON FL 34208** CITY-ST-ZIP CITY-ST-ZIP CADEN TON TITLE Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harris