2004 ~~2003~~ **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2004 8:00 am
Secretary of State
05-06-2004 90175 014 ***150.00

DOCUMENT # P99000074092

1. Entity Name
DIVERSIFIED PEST PATROL, INC.

Principal Place of Business	Mailing Address
14 CEDER CIRCLE/ GARAGE PVT-HOUSE BOYNTON BEACH FL 33436	14 CEDER CIRCLE BOYNTON BEACH FL 33436

2. Principal Office Address	3. Mailing Address
7258 Spinnaker Bay Rd	7258 Spinnaker Bay Rd
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Lake Worth Fl.	City & State: Lake Worth, Fl
Zip: 33462 Country: PBC	Zip: 33462 Country: PBC

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1001766 ☐ Applied F... ☐ Not Applic...

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CENTOLA, DAVID D 125 HYPOLUXO RD LANTANA FL 33462	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and acc... the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Added to Fee:

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRANESE, FREDERICK L 14 CEDER CIRCLE BOYNTON BEACH FL 33462 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Ad... Frederick L Tranese 7259 Spinnaker Bay Drive Lake Worth Fl 33467 7...
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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 informati... 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 direc... 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 Block 1... changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____________________ 3/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #