

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
**14 CEDER CIRCLE/ GARAGE
PVT-HOUSE
BOYNTON BEACH FL 33436**

Mailing Address
**14 CEDER CIRCLE
BOYNTON BEACH FL 33436**



2. Principal Place of Business
7258 Sprinkler Bay Rd

Suite, Apt. #, etc.

3. Mailing Address
7258 Sprinkler Bay Rd

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Lake Worth FL

City & State
Lake Worth FL

Zip
33462

Country
PBC

Zip
33462

Country
PBC

4. FEI Number **65-1001766**

Applied For
☐ Not Applied

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

6. Name and Address of Current Registered Agent
**CENTOLA, DAVID D
125 HYPOLUXO RD
LANTANA FL 33462**

7. Name and Address of New Registered Agent

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 acknowledge the obligations of registered agent.

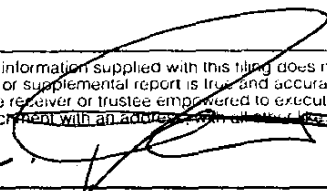
SIGNATURE _____
Signature, typed or printed name of registered agent and title of applicant. (10-11) Signature of Agent required when translating. (10-11)

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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Frederick L Traneese 7259 Sprinkler Bay Drive Lake Worth FL 33462766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

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 Block 11 changed, or on an attachment with an address change or other change as required.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04
Date

Daytime Phone #