## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 17, 2001 8:00 am Secretary of State DOCUMENT # P99000104717 · mile 1. Entity Name HÉNDERSON PEST ELIMINATION, INC 04-14-2001 90038 028 \*\*\*165.00 Principal Place of Business Mailing Address 415 AVENUE E SOUTHEAST POST OFFICE BOX 1621 WINTER HAVEN FL 33882 WINTER HAVEN FL 33882-1621 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 Applied For 59-362 954 Not Applicable Country Zip 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 'Name HENDERSON, JOHNIE Street Address (P.O. Box Number is Not Acceptable) 415 AVENUE E SOUTHEAST WINTER HAVEN FL 33882 City Zio 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. 3R2E034 (10/00) TITLE Change | ☐ Addition Delete Delete TITLE HENDERSON, JOHNIE A NAME NAME STREET ADDRESS STREET ADDRESS 415 AVENUE E SOUTHEAST CITY-ST-ZIP CITY - ST - ZIP WINTER HAVEN FL 33882 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP" ☐ Change Addition | TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-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 trustee empowered to execute this report as required by Chapter 807, 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. Ophne A Headerson

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