

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90473 020 \*\*\*150.00

**DOCUMENT # S53452**  
 1. Entity Name  
**PENTZ PEST CONTROL, INC.**

Principal Place of Business      Mailing Address  
**2001 MIKE ST**      **2001 MIKE ST**  
**SO DAYTONA BEACH FL 32119**      **SO DAYTONA BEACH FL 32119**  
**US**      **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**113 Eddy Lane**      **113 Eddy Lane**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Port Orange**      **Port Orange**  
 City & State      City & State  
**FL**      **FL**

Zip      Country      Zip      Country  
**32129**      **USA**      **32129**      **USA**

4. FEI Number      Applied For  
**59-3072363**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**PENTZ, GREGORY K**  
**2001 MIKE STREET**  
**S. DAYTONA BEACH FL 32199**

7. Name and Address of New Registered Agent  
 Name **Gregory K. Pentz**  
 Street Address (P.O. Box Number is Not Acceptable)  
**113 Eddy Lane**  
 City **Port Orange**      FL      Zip Code **32129**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PENTZ, GREGORY K	
STREET ADDRESS	2001 MIKE ST	
CITY-ST-ZIP	SO DAYTONA BEACH FL 32119	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PENTZ, AUDREY L	
STREET ADDRESS	2001 MIKE ST	
CITY-ST-ZIP	SO DAYTONA BEACH FL 32119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pentz, Gregory K	
STREET ADDRESS	113 Eddy Lane	
CITY-ST-ZIP	Port Orange FL 32129	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pentz, Audrey L.	
STREET ADDRESS	113 Eddy Lane	
CITY-ST-ZIP	Port Orange FL 32129	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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.

SIGNATURE: Gregory K. Pentz      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)