

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90029 029 ***150.00

DOCUMENT # S59663	
1. Entity Name 3 D UNIVERSAL PEST, INC.	
Principal Place of Business 2746 BIG JOHN DRIVE DELAND FL 32724	Mailing Address 2746 BIG JOHN DRIVE DELAND FL 32724



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2745 Big John Dr.	3. Mailing Address 2745 Big John Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Deland FL	City & State Deland FL
Zip 32724	Country USA

4. FEI Number 59-3070915	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LUONGO, CHARLENE FREGO 2746 BIG JOHN DRIVE DELAND FL 32724	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUONGO, CHARLENE FREGOE 2746 BIG JOHN DRIVE DELAND FL 32724	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Luongo, Charlene Fregoe 2745 Big John Dr. Deland FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUONGO, PETER III 2746 BIG JOHN DRIVE DELAND FL 32724	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. President Luongo III Peter 2745 Big John Dr. Deland FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Charlene Fregoe Luongo 4/13/01 904-740-7172
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Charlene Fregoe Luongo

CR2E034 (10/00)