2001 UNIFORM BUSINESS REPORT (UBR)

"Amended"

01 AUG 15 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S64709

1. Entity Name
GATEWAY PEST CONTROL INC.

Principal Place of Business	Mailing Address
P.O.Box 415 Glen St. Mary, FL 32040	P.O.Box 415 Glen St. Mary, FL 32040

2. Principal Place of Business	3. Mailing Address
PO BOX 415	PO BOX 415
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Glen St. Mary, FL	City & State: Glen St. Mary, FL
Zip: 32040 Country: Baker	Zip: 32040 Country: Baker

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3072581 ☐ Applied For ☐ Not Applicable

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
Eston G. Monds 28 Pierce Road Glen St. Mary, FL 32040	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.

SIGNATURE: Beverly N Monds President 8/14/01
(Signature, typed or printed name of individual with authority to sign, and the capacity/relationship to the entity. NOTE: Registered Agent signature required when reinstating.) (Date)

9. This corporation is eligible to and by its initiative files this requirement and elects to do so. (See reverse side) ☐

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. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDV S Beverly Monds 28 Pierce Road Glen St. Mary, FL 32040 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR, PRESIDENT SECRETARY, TREASURER ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT Eston Monds 28 Pierce Road Glen St. Mary, FL 32040 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LS ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100004563441--6 -08/30/01--01002--020 *****61.50 *****61.50 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Beverly N Monds President 8/14/01
(Signature and capacity of officer or director required) (Date)