

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # S84973 1. Entity Name YOUNG PEST CONTROL OF COASTAL FLORIDA, INC.				May 02, 2005 08:00 AM Secretary of State		
Principal Place of Business 2011 WEST PLATT STREET TAMPA, FL 33606		Mailing Address 2011 WEST PLATT STREET TAMPA, FL 33606				
DO NOT WRITE IN THIS SPACE						
				01032005 No Chg-P CR2E034 (10/03)		
		4. FEI Number 59-3087768		Applied For Not Applicable		
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent YOUNG, ROY T III 2011 W PLATT ST TAMPA, FL 33606		DO NOT WRITE IN THIS SPACE				
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 accept the obligations of registered agent.						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000352764 05/03/05-80041-007 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD YOUNG, THOMAS R I 2011 W PLATT ST TAMPA, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 if changed, or on an attachment with an address with all other like empowered.						
SIGNATURE: 		1.4.05		(813) 251-1025		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #		