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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

Apr 18, 2001 8:00 am Secretary of State **DOCUMENT # V15702** DOVE PEST CONTROL INC. 04-18-2001 90012 036 ***150.00 Principal Place of Business Mailing Address 6288 93 TERR N 6288 93 TERR N UNIT 4004 **UNIT 4004** PINELLAS PARK FL 33782 PINELLAS PARK FL 33782 2. Principal Place of Business 3. Mailing Addres on AJL. 1406 Wes 1406 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3107524 Applied For Not Applicable \$8.75 Additional U.S.A 5. Certificate of Status Desired U.S.A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUCAS, LARRY F. Street Address (P.O. Box Number is Not Acceptable) 6288 93 TERR N ermont Ave. **UNIT 4004** PINELLAS PARK FL 33782 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Change ☐ Addition TITLE Delete LUCAS, LARRY F. NAME NAME 1406 Vermont Ade. 6288 93 TERR N #4004 STREET ADDRESS STREET ADDRESS TARPOD SPRINGS FL. 34689 Change 1406 Vermont Ade. VARPOD SPRINGS FL. 34689. PÍNELLAS PARK FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE LUCAS, LORRAINE M. NAME NAME 6288 93 TERR N #4004 STREET ADDRESS STREET ADDRESS PINELLAS PARK FL-CITY - ST = Z+P = CITY*ST-ZIP * ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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.