2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State
01-10-2003 90208 046 ***150.00

DOCUMENT # V43317

1. Entity Name
AFFORDABLE TERMITE AND PEST CONTROL, INC.

Principal Place of Business	Mailing Address
19800 VETERANS BLVD. C-7 PORT CHARLOTTE FL 33954 US	19800 VETERANS BLVD. C-7 PORT CHARLOTTE FL 33954 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0340645 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PANNHORST, CHARLES W. JR.
22396 SACRAMENTO AVE
PORT CHARLOTTE FL 33954

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 207 E. Tarpon Blvd.
Port Charlotte, Fl.
City FL Zip Code 33952

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	PANNHORST, CHARLES		NAME	
STREET ADDRESS	22396 SACRAMENTO AVE		STREET ADDRESS	207 E. Tarpon Blvd.
CITY-ST-ZIP	PORT CHARLOTTE FL 33954		CITY-ST-ZIP	Port Charlotte, Fl. 33952
TITLE	VPT	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	PANNHORST, JONI		NAME	
STREET ADDRESS	22396 SACRAMENTO AVE		STREET ADDRESS	207 E. Tarpon Blvd.
CITY-ST-ZIP	PORT CHARLOTTE FL 33954		CITY-ST-ZIP	Port Charlotte, Fl. 33952
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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	

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: Joni Pannhorst Joni Pannhorst 1/8/03 941-629-0983
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)