## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 23, 2000 8:00 am Secretary of State **DOCUMENT # V72261** 1. Entity Name PESTGUARD TERMITE AND PEST CONTROL, INC. 05-23-2000 90213 025 \*\*\*150.00 Principal Place of Business Mailing Address 573 INTERSTATE BLVD 573 INTERSTATE BLVD SHITE 4 SUITE 4 LOCGUUA SARASOTA FL 34240 SARASOTA FL 34240-8958 2. Principal Place of Business 3. Mailing Address 1747 Independence Blvd 1747 Independence Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE E-8 E-8City & State City & State 4. FEI Number Applied For 65-0387910 Sarasota, Fl Not Applicable <u>Sarasota,</u> Country Country \$8.75 Additional 5. Certificate of Status Desired 34234 USA 34234 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MESNSING, ROGER GENE III Street Address (P.O. Box Number is Not Acceptable) 1747 Independence Blvd., 573 INTERSTATE BLVD SARASOTA FL 34240 <sup>City</sup> **Sarasota** Zip Code 34 FL 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 egistered agent and title if applicable 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete ☐ Change Addition MENSING, ROGER G III NAME NAME **573 INTERSTATE BLVD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Delete TITI F Change TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITI F ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete [ ] Change 🗓 Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

SIGNAPURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davtime Phone #