# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

#### SIGNATURE: KAREN ARZT

Electronic Signature of Signing Officer/Director Detail

Entity Name: PEST PATROL OF CENTRAL FLORIDA, INC.

# **Current Principal Place of Business:**

700 DYER BLVD. KISSIMMEE, FL 34741

### **Current Mailing Address:**

P.O. BOX 420490 KISSIMMEE. FL 34742

## FEI Number: 59-3485058

# Name and Address of Current Registered Agent:

ARZT, KAREN 5075 BULLIS RD. ST. CLOUD, FL 34772 US

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:

# **Officer/Director Detail :**

Title	TS	Title	Р
Name	ARZT, JAMES M	Name	ARZT, KAREN L
Address	5075 BULLIS RD.	Address	5075 BULLIS RD.
City-State-Zip:	ST. CLOUD FL 34772	City-State-Zip:	ST. CLOUD FL 34742

Electronic Signature of Registered Agent

02/04/2022 PRESIDENT

Certificate of Status Desired: No

Feb 04, 2022 Secretary of State 4739691115CC

Date

FILED

Date