

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90046 002 ***150.00

FRS/STW AV

DOCUMENT # **P95000076461**

1. Entity Name
1ST RATE PEST CONTROL, INC.

| | |
|---|---|
| Principal Place of Business 3137 SHIPWATCH DR HOLIDAY FL 34691 | Mailing Address 3137 SHIPWATCH DR HOLIDAY FL 34691 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 2623 Timacqua Dr Suite, Apt. #, etc. Holiday Florida | 3. Mailing Address PO BOX 3465 Suite, Apt. #, etc. |
|---|---|

| | | | |
|-----------------------------------|-----------------------------------|------------------------------------|--|
| City & State Holiday FL | City & State Holiday FL | 4. FEI Number 59-3338799 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------------|-----------------------------------|------------------------------------|--|

| | | | | |
|---------------------|----------------------|---------------------|----------------------|--|
| Zip 34691 | Country FL | Zip 34690 | Country FL | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|---------------------|----------------------|---------------------|----------------------|--|

6. Name and Address of Current Registered Agent
**PAMPENELLA, PAMELA
 3137 SHIPWATCH DR
 HOLIDAY FL 34691
 2623 Timacqua Dr
 Holiday FL 34691**

7. Name and Address of New Registered Agent
 Name: **Pamela Pampenella**
 Street Address (P.O. Box Number is Not Acceptable): **2623 Timacqua Drive**
 City: **Holiday** FL Zip: **34691**

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) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP PAMPENELLA, PAMELA D 3137 SHIPWATCH DR HOLIDAY FL 34691 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS PAMPENELLA, FRANK J 3137 SHIPWATCH DR HOLIDAY FL 34691 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE: **Pamela Pampenella**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02 **727-939-9749**
 Date Daytime Phone #

CR2E034 (9/01)