## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

1. Enilly Name

A-PRO PEST CONTROL ENTERPRISES, INC.

## FILED May 02, 2002 8:00 am Secretary of State

05-02-2002 90056 046 \*\*\*150.00

795000004119 L								
rincipal Place of Business	Mailing Address							
5115 Shore Acres Dr Bradenton, F1. 34209	6115 Shore Acres. Dr. Bradenton, F1. 34209							

Braden	iton, FI. 3	4209	Bradenton,	r1. 34	209	A PROBLEM AND REVEN TURN ARVIN PRINT PRINT BRIDE BRIDE IN	<b>jo</b> r Hend ding Hen		
2. Principal F	lace of Business		3. Mailing Address						
Suite, Apt.	uite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	City & State City & State			<b>4.</b> F	4. FEI Number Applied For 65 - 0601942 Not Applicable				
Zip	Country		Zip	Country	5. (	Certificate of Status Desired	\$8.75 Ad		
6. Name and Address of Current Registered Agent			<u> </u>	7. Name and Address of New Registered Agent					
and the second s			- Name						
Alan Stein 3930 SR 64 E. Bradenton, Fl 34208			Street A	Street Address (P.O. Hox Number is Not Acceptable)					
				City			Zip Cod	le	
3. The above	named entity submits this	statement for th	ne purpose of changing its	registered office o	r registered ag	ent, or both, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of	rosmissor room and	Ido if such abla					-	
161 57		Topposterrat approximation		F. Hegistered Agent signal		ensteling) DAT	π.		
Tax liling r	ration is eligible to satisfy equirement and elects to ia on back) ————————————————————————————————————	ils Intangible do so.	FILE NOW! After May 1, 20 Make Check Payab	02 Fee will be \$5	550.00	10. Election Campaign Financing Trust-Fund Contribution	□ \$5.0 Added	00 May Be	
11.	OFF	ICERS AND DI	RECTORS	12	AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	SINII	
TILE IAME	PSD		Delete	TITLE			☐ Change	☐ Addition	
STRLET ADDRESS CHY-ST-ZIP	Gee, Gler 6115 Shor		s Dr.	STREET ADORESS CHY ST-7P	,				
IITUF JAME	Bradento			LINE			☐ Change	Addition	
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TREET ADDRESS JTY-ST-ZIP	A property of the control of the con			STREET ADDRESS CITY ST-ZIP	La company				

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under early; 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:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4-4-02 941-7959 Date Dayling Phone #