

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91444 027 ***150.00

DOCUMENT # F45880



1. Entity Name
LARUE PEST MANAGEMENT, INC.

Principal Place of Business
**5611 S.W. 8TH ST.
P.O. BOX 1253
LEHIGH ACRES FL 33970**

Mailing Address
**5611 S.W. 8TH ST.
P.O. BOX 1253
LEHIGH ACRES FL 33970**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2129067**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUEBELING, LARRY K
5611 SW 8TH ST
LEHIGH ACRES FL 33970**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
STD	RUEBELING, FAY	119 ROBERT AVE.	LEHIGH ACRES, FL 00000	<input type="checkbox"/>
DP	RUEBELING, LARRY K	119 ROBERT AVE.	LEHIGH ACRES, FL 00000	<input type="checkbox"/>
VP	RUEBELING, KEITH - D.	1440 CLARET ST	FT MYERS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
			Lehigh Acres, FL 33972	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Lehigh Acres, FL 33972	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		6021 LAKE GRASMERE WAY	FT MYERS FL 33908	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 I am empowered.

SIGNATURE: *[Signature]*

04/21/03

(39)369-6121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)