

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002549

1. Entity Name  
PESTMASTER SERVICES, INC.



FILED  
SECRETARY OF STATE -  
DIVISION OF CORPORATIONS

03 JAN 21 PM 3:04

Principal Place of Business  
137 EAST SOUTH STREET  
BISHOP CA 93514

Mailing Address  
137 EAST SOUTH STREET  
BISHOP CA 93514

2. Principal Place of Business

Florida  
Suite, Apt. #, etc.

3. Mailing Address

5055-1 St. Augustine Rd.  
Suite, Apt. #, etc.

City & State

Jacksonville, FL  
Zip 32207

City & State

Zip Country

4. FEI Number 95-3718404

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HANSON, FRANCES  
5055-1 ST. AUGUSTINE ROAD  
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

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  
Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE PC  
NAME VAN DIEPEN, JEFFREY M  
STREET ADDRESS 137 EAST SOUTH STREET  
CITY-ST-ZIP BISHOP CA 93514

TITLE VD  
NAME PFERSICH, LILLIAN  
STREET ADDRESS 6360 CORY STREET  
CITY-ST-ZIP SIMI VALLEY CA 93063

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 reports 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 (760) 873-8100  
Date Daytime Phone #

CR2E034 (10/02)