

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90337 001 ***150.00

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DOCUMENT # H54813
1. Entity Name
ALL POINTS PEST CONTROL CORP.



Principal Place of Business
7020 SW 22 CT.
P O BOX 291243
DAVIE FL 33329
Mailing Address
P. O. BOX 291243
P O BOX 291243
DAVIE FL 33329
US



2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 59-2519746
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
SCHICKLER, KENNETH
7020 SW 22 CT.
DAVIE FL 33314

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

Table with 2 columns: OFFICERS AND DIRECTORS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Contains entries for Kenneth Schickler and Meryl Schickler.

Table for ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Contains empty rows for potential additions or changes.

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 like empowered.

SIGNATURE: Meryl Schickler
Date
Daytime Phone # 954-474-2897

CR2E034 (10/02)