


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90041 028 \*\*\*150.00

DOCUMENT # P00000031428  
1. Entity Name  
FLORIDA ENVIRONMENTAL PEST CONTROL INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
5358 Bayshore Ave  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 1616  
Suite, Apt. #, etc.

City & State  
CAPE CORAL, FL.

City & State  
TALLENHAST, FL.

Zip  
33903 Country  
USA

Zip  
34270 Country  
USA

**DO NOT WRITE IN THIS SPACE**

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 Ray Thorburn DATE 3-21-05

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

**40038513**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0991439

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

7. Name and Address of Current Registered Agent

Name RAY THORBURN

Street Address (P.O. Box Number is Not Acceptable)  
20313 LADNER AVE

City PT CHARLOTTE FL Zip Code 33954

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<u>PRESIDENT / MANAGER RAY THORBURN 20313 LADNER AVE PT. CHARLOTTE FL 33954</u>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<u>SECRETARY JOHN MURONE 5358 BAYSHORE AVE CAPE CORAL FL 33903</u>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<u>TREASURER MARIE MERCER 5009 CAPRI SARASOTA FL</u>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ray Thorburn / Ray THORBURN DATE 3-21-05 239-464-1787

CR2E034B (12/02)