

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 26, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90371 044 \*\*\*150.00

**DOCUMENT # P00000032489**

1. Entity Name

**ALL FLORIDA PEST SOLUTIONS, INC.**

Principal Place of Business

**1073 NARROW GAUGE CT.  
WINTER GARDENS FL 34787**

Mailing Address

**1073 NARROW GAUGE CT.  
WINTER GARDENS FL 34787**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**593639939**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLEMING, JASON****1073 NARROW GAUGE CT.  
WINTER GARDENS FL 34787**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSTD  
 FLEMING, JASON  
 1073 NARROW GAUGE CT.  
 WINTER GARDENS FL 34787** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**514-01 (407) 9050802**  
 Date Daytime Phone #

CR2ED34 (10/00)

To Whom It May Concern,

*Handwritten:* #100000032475  
May 16, 2001

Please take into consideration the reason for my late payment.

In February my mother was diagnosed with anti-immune hepatitis. She was doing well until the end of April when she had a relapse. We had to bring her back from GA to FL for treatment. It got worse and went into liver failure. We had to take her to Shans Hospital to be worked up for a liver transplant.

This tax is new to us and I forgot all about it due to my mother's illness.

If you need anymore information please do not hesitate to call me at 407-877-1197.

Thank you for taking this request into consideration.

Sincerely,  
Melissa Fleming

*Handwritten signature:* Melissa Fleming