

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90059 028 ***150.00

0166265 FP

DOCUMENT # P00000105319

1. Entity Name

A-Z PEST MANAGEMENT, INC.



Principal Place of Business

**10825 PARNU ST.
NAPLES FL 34109**

Mailing Address

**10825 PARNU ST.
NAPLES FL 34109**

2. Principal Place of Business

10925 PARNU ST.

3. Mailing Address

10925 PARNU ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3675720

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

**FAGLIARONE, EDWARD V
10925 PARNU ST.
NAPLES FL 34109**

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 \$550.00

**After September 10, 2003 Fee will be \$750.00
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 **P** ☐ Delete
NAME **FAGLIARONE, EDWARD V**
STREET ADDRESS **10925 PARNU ST.**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

EDWARD V FAGLIARONE
SIGNATURE AND TITLE OF REGISTERED AGENT

Date

Daytime Phone #

8/4/03 (239) 597-7382

CR2E034 (4/03)

Attachment

80136523

#P80000 105319

8-4-03

To Whom it May Concern,

I'm writing this letter to
notify you I just received your
form due to the wrong address
on Mailing Envelope. I'm asking
if you would please waive the
penalty fee for not filing on time,
but I just received it. I have
always paid on time in past. Thank
you very much for your considerations.

Sincerely yours,
Edward V. Fagliarone
Edward V. Fagliarone
owner/President.