

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

01-21-2003 90214 043 ***150.00

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DOCUMENT # P02000018264

1. Entity Name
AMERICAN PEST CONTROL INC.



Principal Place of Business
**1496 NE HILLTOP ST.
JENSEN BEACH FL 34957**

Mailing Address
**1496 NE HILLTOP ST.
JENSEN BEACH FL 34957**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **0106227253**
~~P02000018264~~

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

**KUMMEL, CHRISTOPHER D
807 S 40TH CT
FT PIERCE FL 34947**

Name
Christopher D. Kammel

Street Address (P.O. Box Number is Not Acceptable)
573 SW Tamworth St

City **Port St Lucie** FL Zip Code **34953**

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 **Christopher D. Kammel Vice President 1-9-03**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **KAMMEL, CHRISTOPHER D**
STREET ADDRESS **807 S 40TH CT**
CITY-ST-ZIP **FT PIERCE FL 34947**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Christopher D. Kammel**
STREET ADDRESS **573 SW Tamworth St**
CITY-ST-ZIP **Port St Lucie 34953**

TITLE **D** ☐ Delete
NAME **RADEBACH, DAVID L**
STREET ADDRESS **1496 NE HILLTOP ST.**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **President** ☒ Change ☐ Addition
NAME **David L. Radebach**
STREET ADDRESS **1496 NE Hilltop St**
CITY-ST-ZIP **Jensen Beach FL 34957**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Christopher D. Kammel 1-9-03 (772) 225-8858**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CRP034 (11/01/02)