

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0141199 AT

DOCUMENT # P02000033711

1. Entity Name  
DIRECT PEST MANAGEMENT, INC.



FILED

03 OCT -7 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
8 REDWOOD RUN LOOP  
OCALA FL 34472

Mailing Address  
8 REDWOOD RUN LOOP  
OCALA FL 34472

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

04-3614437

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

7. Name and Address of New Registered Agent

BUTLER, RUSSELL D  
8 REDWOOD RUN LOOP  
OCALA FL 34472

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

9-19-03

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P/V/T/S/D/C/M  
STREET ADDRESS Russell D Butler  
CITY-ST-ZIP 8 Redwood Run Loop  
OCALA FL 34472

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600023664036  
CITY-ST-ZIP 10/09/03--01023--025 \*\*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-19-03

CR2E034 (4/03)

Direct Pest Management, Inc.  
8 Redwood Run Loop  
Ocala, Florida 34472

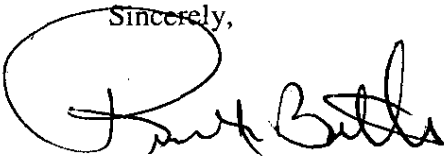
September 15, 2003

Division Of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32305-1500

To Whom It May Concern:

Please waive the late fee for our 2003 Uniform Business Report as we received our mailing late and could not file timely. Thank You.

Sincerely,

A handwritten signature in black ink, appearing to read "Russell D. Butler". The signature is written in a cursive style with a large, looping initial "R".

Russell D. Butler  
President