

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90075 033 ***150.00

DOCUMENT # P02000051859



1. Entity Name
ASPEN PEST CONTROL, INC.

Principal Place of Business
ROUTE 15 BOX 39525
HUDSON INDUSTRIAL BUILDING STE 3
LAKE CITY FL 32024

Mailing Address
ROUTE 15 BOX 39525
HUDSON INDUSTRIAL BUILDING STE 3
LAKE CITY FL 32024



2. Principal Place of Business
7 NW Cole Terrace
Suite, Apt. #, etc.
Rt. 20 Box 2135

3. Mailing Address
Rt. 20 Box 2135
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Lake City, FL

City & State
Lake City, FL

4. FEI Number
75-3058541

Applied For
 Not Applicable

Zip
32055

Country
USA

Zip
32055

Country
USA

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

6. Name and Address of Current Registered Agent
GREGORY, SHANNON
ROUTE 15 BOX 39525
HUDSON INDUSTRIAL BUILDING STE 3
LAKE CITY FL 32024

7. Name and Address of New Registered Agent
Name
Gregory, Shannon
Street Address (P.O. Box Number is Not Acceptable)
7 NW Cole Terrace
Rt. 20 Box 2135
City
Lake City FL Zip Code
32055

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 *Shannon Gregory* **Shannon Gregory President** **1-7-03**
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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GREGORY, SHANNON PO BOX 2545 LAKE CITY FL 32025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rt. 20 Box 2135 Lake City, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LINTON, MICAH RT 15, BOX 39525, HUDSON INDUSTRIAL BLDG 3 LAKE CITY FL 32024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rt. 20 Box 2135 Lake City, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Shannon Gregory* **Shannon Gregory** **1-7-03** **(386) 755-3611**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)