

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P 93 000037444**

1. Entity Name

ATTACK PEST MANAGEMENT INC

**FILED
Sep 10, 2002 8:00 am
Secretary of State**

09-10-2002 90228 023 ***550.00

DO NOT WRITE IN THIS SPACE

978913

2. Principal Place of Business 311 ALTAMONTE Commerce	BLVD	3. Mailing Address 311 ALTAMONTE Commerce	BLVD
Suite, Apt. #, etc. Suite 1618		Suite, Apt. #, etc. 1618	
City & State ALTAMONTE SPRINGS FL		City & State ALTAMONTE SPRINGS FL	
Zip 32714	Country SEMINOLE	Zip 32714	Country SEMINOLE
DO NOT WRITE IN THIS SPACE			
DO NOT WRITE IN THIS SPACE			
4. FEI Number 59-3197833	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent			
Name LIGHTNER Tim L			
Street Address (P.O. Box Number is Not Acceptable) 311 ALTAMONTE Commerce Blvd Suite 1618 ALTAMONTE SPRINGS FL			
City FL Zip Code 32714			

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 reconstituting)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<input checked="" type="checkbox"/> January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE DPT	NAME LIGHTNER Tim	TITLE NAME	STREET ADDRESS 311 ALTAMONTE Commerce Blvd
CITY-ST-ZIP Suite 1618, ALTAMONTE SPR 32714		CITY-ST-ZIP	
TITLE DVP	NAME LIGHTNER DARA	TITLE NAME	STREET ADDRESS 311 ALTAMONTE Commerce Blvd
CITY-ST-ZIP Suite 1618, ALTAMONTE SPRING 32714		CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS 	TITLE NAME	STREET ADDRESS
CITY-ST-ZIP 		CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS 	TITLE NAME	STREET ADDRESS
CITY-ST-ZIP 		CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS 	TITLE NAME	STREET ADDRESS
CITY-ST-ZIP 		CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE			

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

President *President*
Tim LIGHTNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-5-03 407-862-2511