

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

09-10-2002 90228 023 ***550.00

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

DOCUMENT # **P 93 0000 37444**

1. Entity Name

ATTACK PEST MANAGEMENT INC

DO NOT WRITE IN THIS SPACE

978913

2. Principal Place of Business

**BLVD
311 ALTAMONTE COMMERCIAL**

Suite, Apt. #, etc.

Suite 1618

City & State

ALTAMONTE SPRINGS FL

Zip

32714

Country

SEMINOLE

3. Mailing Address

**BLVD
311 ALTAMONTE COMMERCIAL**

Suite, Apt. #, etc.

1618

City & State

ALTAMONTE SPRINGS FL

Zip

32714

Country

SEMINOLE

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3197833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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 COMMERCIAL BLVD SUITE 1618

ALTAMONTE SPRINGS

City

FL

Zip Code

32714

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

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. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPT
LIGHTNER TIM
311 ALTAMONTE COMMERCIAL BLVD
SUITE 1618, ALTAMONTE SPR 32714**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVP
LIGHTNER DARLA
311 ALTAMONTE COMMERCIAL BLVD
SUITE 1618, ALTAMONTE SPR 32714**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

Tim LIGHTNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-5-03 407-862-2511

CR2E034B (12/01)