

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90116 011 ***150.00

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DOCUMENT # P94000005452

1. Entity Name
AMERICAN PEST CONTROL MANAGEMENT, INC.



Principal Place of Business
**1057 COLLINGSWOOD BLVD
SUITE 8
PORT CHARLOTTE FL 33953
US**

Mailing Address
**P.O. BOX 380731
MURDOCK FL 33938
US**



2. Principal Place of Business
17506 BRIGHTON AVE

3. Mailing Address

Suite, Apt. #, etc.
Suite A

Suite, Apt. #, etc.

City & State
Port Charlotte FL

City & State

Zip
33953 Country
USA

Zip Country

4. FEI Number
65-0462239

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

**GRAHAM, SUZANNE T.
1057-B COLLINGSWOOD BLVD
PORT CHARLOTTE FL 33953**

Name
Graham Suzanne T.
Street Address (P.O. Box Number is Not Acceptable)
17506 BRIGHTON AVE
City
Port Charlotte FL Zip Code
33953

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 **Suzanne T. Graham** DATE **4/21/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 GRAHAM, SUZANNE T 2180 SHILO STREET PORT CHARLOTTE FL 33980	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, JAMES R 2180 SHILO STREET PORT CHARLOTTE FL 33980	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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: **Suzanne T. Graham** DATE **4/21/03** DAYTIME PHONE # **941-6296665**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)