2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 AM
Secretary of State

DOCUMENT# P95000074637

Entity Name: COMPLETE PEST MANAGEMENT, INC.

Current Principal Place of Business:

4803 DISTRIBUTION CT
STE 11
ORLANDO, FL 32822 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 720235
ORLANDO, FL 32872

New Mailing Address:

FEI Number: 59-3336137 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPONI, ELSO JR.
727 CEDAR FOREST CIRCLE
ORLANDO, FL 32828

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPC ( ) Delete
Name: CAPONI, ELSO JR
Address: 727 CEDAR FOREST CIRCLE
City-St-Zip: ORLANDO, FL 32828

Title: ST ( ) Delete
Name: CAPONI, LORRAINE A
Address: 727 CEDAR FOREST CIRCLE
City-St-Zip: ORLANDO, FL 32828

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: BAILEY, THOMAS E JR
Address: 8700 CUMBERNALD CIRCLE
City-St-Zip: GERMANTOWN, TN 38139 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELSO CAPONI, JR. DPC 04/29/2002

Electronic Signature of Signing Officer or Director Date