

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90152 022 ***150.00

DOCUMENT # P95000074637

1. Entity Name
COMPLETE PEST MANAGEMENT, INC.



Principal Place of Business
**4803 DISTRIBUTION CT
STE 11
ORLANDO FL 32822
US**

Mailing Address
**PO BOX 720235
ORLANDO FL 32872**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3336137**

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

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

TITLE **DPC** ☐ Delete
NAME **CAPONI, ELSO JR**
STREET ADDRESS **727 CEDAR FOREST CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **ST** ☐ Delete
NAME **CAPONI, LORRAINE A**
STREET ADDRESS **727 CEDAR FOREST CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **VP** ☐ Delete
NAME **BAILEY, THOMAS E JR**
STREET ADDRESS **8700 CUMBERNOLD CIRCLE**
CITY-ST-ZIP **GERMANTOWN TN 38139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 5, 2003

Date

(407) 380-0003

Daytime Phone #

CR2E034 (10/02)



Complete Pest Management, Inc.

Attachment

90131879
P95000074637

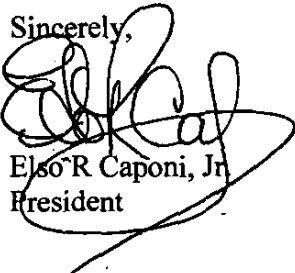
Florida Department of State
Division of Corporations
P.O.Box 1500
Tallahassee, Fl. 32302

Re: 2003 Uniform Business Report
For Complete Pest Management, Inc.
59-3336137

To whom it may concern:

I contacted your office on May 5, 2003 with regards to my organizations UBR renewal and I was instructed to send a letter explaining this odd circumstance with my renewal. On Thursday, May 1, 2003, I began to renew online as I have done in the past at approximately 11:00 Pm and during the process I received a phone call related to my father's medical problem (lung cancer). I of course stopped the renewal and took the phone call for obvious reasons. When I returned to the renewal and went to pay with my credit card, I was surprised by the charge of \$550.00. I realized at that point it was no longer May 1 because it was 12:03AM on the 2nd. I felt that due the circumstances the late was unjustified, so I contacted your offices on Monday the 5th after returning from my father's in Massachusetts. I was instructed to mail in my renewal payment of \$150.00 along with a letter to explain this situation. I would like to thank in advance for your cooperation and understanding with this matter. I may be contacted at my office @ 407-380-0003 or via cell phone @ 321-436-1054.

Sincerely,



Elso R Caponi, Jr.
President

The complete answer to all your pest control needs

P.O. BOX 720235 • ORLANDO, FLORIDA 32872-0235 • (407) 380-0003 • FAX (407) 380-2003