

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 07, 2003 8:00 am  
Secretary of State

02-07-2003 90070 045 \*\*\*150.00

ARTS&AFC ED

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1. Entity Name  
PROQUEST PEST CONTROL INC.

Principal Place of Business

670 NTH COURTENAY PKWY  
~~SUITE C~~  
MERRITT ISLAND FL 32700  
US

Mailing Address

670 NTH COURTENAY PKWY  
~~SUITE C~~  
MERRITT ISLAND FL 32953  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 19E

Suite, Apt. #, etc.

SUITE 19E

City & State

City & State

4. FEI Number

59-3387530

Applied For

Not Applicable

Zip

Country

32953

Zip

Country

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

HAMILTON, FREDERICK R  
8157 WINDOVER WAY  
TITUSVILLE FL 32780

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  Delete  
NAME HAMILTON, FREDERICK R  
STREET ADDRESS 8157 WINDOVER WAY  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  Delete  
NAME HAMILTON, FREDERICK  
STREET ADDRESS 8157 WINDOVER WAY  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  Delete  
NAME SOLOMAN, JOHN  
STREET ADDRESS 493 RIO CASA DRIVE N.  
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE  Change  Addition  
NAME SOLOMAN, JOHN  
STREET ADDRESS  
CITY-ST-ZIP

TITLE C  Delete  
NAME MORRIS, JACK  
STREET ADDRESS 3675 VALKARIA RD  
CITY-ST-ZIP MALABAR FL 32950

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST  Delete  
NAME RAMSEY, CAROLYN  
STREET ADDRESS 2537 COUNTRY CLUB DR  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE  Change  Addition  
NAME  
STREET ADDRESS 1441 CREST DR  
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/03

Date

321-453-6002

Daytime Phone #

CR2E034 (10/02)