

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90132 050 ***150.00

DOCUMENT # P96000084680

1. Entity Name
INTEGRATED PEST MANAGEMENT, INC.



Principal Place of Business
**581 SE SOUTHWOOD TR
STUART FL 33497
US**

Mailing Address
**PO BOX 2263
HOBE SOUND FL 33475
US**

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 **65-0708081**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75-Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIGNATO, LANCE
581 SE SOUTHWOOD TR
STUART FL 34997**

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

(NOTE: Registered Agent signature required when reinstating)

3/3/03

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 **P** ☐ Delete
NAME **PIGNATO, LANCE A**
STREET ADDRESS **6575 SE FLORAL TER.**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **V** ☐ Change ☒ Addition
NAME **KEVIN MARK GARRETT**
STREET ADDRESS **13718 156th ST. N.**
CITY-ST-ZIP **JUPITER, FL. 33478**

TITLE **S** ☐ Delete
NAME **PIGNATO, MICHELLE Z**
STREET ADDRESS **6575 SE FLORAL TER.**
CITY-ST-ZIP **HOBE SOUND FL 33455**

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

TITLE **VP** ☒ Delete
NAME **GREEN, CRAIG**
STREET ADDRESS **6610 SW 42ND ST**
CITY-ST-ZIP **PALM CITY, FL 34991**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03 (772) 370-7868
Date Daytime Phone #

0428034 AV

CR2E034 (10/02)