

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90335 001 \*\*\*150.00

**DOCUMENT #** P99000053866

**1. Entity Name**

AMERICA'S PEST SOLUTIONS, INC. ✓

**Principal Place of Business**

1424 Howell Branch Rd.  
 Winter Park, FL 32789

**Mailing Address**

1424 Howell Branch Rd.  
 Winter Park, FL 32789

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

P.O. Box 1656

Suite, Apt. #, etc.

**City & State**

City & State  
 Maitland, FL

**Zip**

**Country**

**Zip**

32794-1656

**Country**

**4. FEI Number**

59-3584407

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

Heather L. Higbee  
 56 Park Lake Street  
 Orlando, FL 32803

**7. Name and Address of New Registered Agent**

**Name**

Jeffrey A. Icardi

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

237 Lookout Place Suite 100

**City**

Maitland

**FL**

**Zip Code**  
 32751

**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.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**9. This corporation is eligible to satisfy its Intangible**

Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 Fee will be \$550.00**

**Make Check Payable to Department of State**

**10. Election Campaign Financing**  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**11. OFFICERS AND DIRECTORS**

**TITLE** Director ☐ Delete  
**NAME** Anderson, Harry K.  
**STREET ADDRESS** 1702 Summerlin Avenue  
**CITY-ST-ZIP** Winter Garden, FL 32789

**TITLE** Director ☒ Delete  
**NAME** Fleming, Jason R.  
**STREET ADDRESS** 1073 Narrow Gauge Court  
**CITY-ST-ZIP** Winter Garden, FL 34787

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** Director ☒ Change ☐ Addition  
**NAME** Anderson, Harry K.  
**STREET ADDRESS** 1424 Howell Branch Rd.  
**CITY-ST-ZIP** Winter Park, FL 32789

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

**TITLE** Director ☐ Change ☒ Addition  
**NAME** Anderson, Kym  
**STREET ADDRESS** 1424 Howell Branch Road  
**CITY-ST-ZIP** Winter Park, FL

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

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

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

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-00

Date

Daytime Phone #

407-466-5859

CR2E034 (11/00)