

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90256 006 ***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
**P O BOX 1656
MAITLAND FL 32794-1656**

2. Principal Place of Business
677 N. Orlando Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Maitland, FL

City & State

4. FEI Number **59-3584407**

Applied For
Not Applicable

Zip
32751

Country
USA

Zip

Country

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

**ICARDI, JEFFREY A
237 LOOKOUT PLACE
SUITE 100
MAITLAND FL 32751**

Name
ICARDI, JEFFREY A.
Street Address (P.O. Box Number is Not Acceptable)
549 Wymore Road, North Suite 109
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. 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 **ANDERSON, HARRY K**
STREET ADDRESS **1424 HOWELL BRANCH RD**
CITY-ST-ZIP **WINTER PARK FL 32789**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **677 N. Orlando Avenue**
CITY-ST-ZIP **Maitland, FL 32751**

TITLE **D** ☐ Delete
NAME **ANDERSON, KYM**
STREET ADDRESS **1424 HOWELL BRANCH ROAD**
CITY-ST-ZIP **WINTER PARK FL 32789**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **677 N. Orlando Avenue**
CITY-ST-ZIP **Maitland, FL 32751**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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TITLE ☐ Delete
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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

Date

Daytime Phone #

4-16-03

407.622.5001

CR2E034 (10/02)