

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90047 020 \*\*\*150.00

**DOCUMENT # P99000065625**  
 1. Entity Name  
**ASSASSIN PEST MANAGEMENT, INC.**

Principal Place of Business      Mailing Address  
**6967 BOTTLE BRUSH DR.**      **6967 BOTTLE BRUSH DR.**  
**PORT RICHEY FL 34668**      **PORT RICHEY FL 34668**

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 **59-3589708**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**CUMMINGS, DANIEL L**  
**6967 BOTTLE BRUSH DR.**  
**PORT RICHEY FL 34668**

**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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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 NAME     | PTD CUMMINGS, DANIEL L  | <input type="checkbox"/> Delete |
| STREET ADDRESS | 6967 BOTTLE BRUSH DR.   |                                 |
| CITY-ST-ZIP    | PORT RICHEY FL 34668    |                                 |
| TITLE NAME     | VSD PLEKKENPOL, KEVIN C | <input type="checkbox"/> Delete |
| STREET ADDRESS | 22129 E. LAKE LOOP      |                                 |
| CITY-ST-ZIP    | LAND O'LAKES FL 34639   |                                 |
| TITLE NAME     |                         | <input type="checkbox"/> Delete |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE NAME     |                         | <input type="checkbox"/> Delete |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE NAME     |                         | <input type="checkbox"/> Delete |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

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

|                |  |   |
|----------------|--|---|
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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)(f), 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]* **DAVID M. BACOURD, PRES**      1-8-02      (727) 817-1900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

REAR SIDE

CR2E034 (9/01)