

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L92256

1. Entity Name

RAPID PEST CONTROL, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90068 030 ***150.00

Principal Place of Business 3015 CALVIN BLVD FT MYERS FL 33901	Mailing Address 3015 CALVIN BLVD FT MYERS FL 33901-7215
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2620495	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PHILLIPS, JIM
3015 CALVIN BLVD.
FT. MYERS FL 33901

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	P <input type="checkbox"/> Delete
NAME	PHILLIPS, JIM
STREET ADDRESS	3015 CALVIN BLVD
CITY-ST-ZIP	FT. MYERS FL
TITLE	V <input type="checkbox"/> Delete
NAME	SAHAGIAN, JOHN S.
STREET ADDRESS	3015 CALVIN BLVD
CITY-ST-ZIP	FT. MYERS FL
TITLE	T <input type="checkbox"/> Delete
NAME	SAHAGIAN, JOAN
STREET ADDRESS	3015 CALVIN BLVD
CITY-ST-ZIP	FT. MYERS FL
TITLE	S <input type="checkbox"/> Delete
NAME	PHILLIPS, JOAN
STREET ADDRESS	3015 CALVIN BLVD
CITY-ST-ZIP	FT. MYERS FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **3-10-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)