

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

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90066 015 ***150.00

DOCUMENT # **L92256**

1. Entity Name
RAPID Pest Control



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3015 CALVIN BLVD

Suite, Apt. #, etc.
Ft. Myers

City & State
FL

Zip
33901

Country

3. Mailing Address

Suite, Apt. #, etc.
Same

City & State

Zip

Country

4. FEI Number
59-2620495

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current 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. 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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **Pres**
NAME **JAMES L. PHILLIPS**
STREET ADDRESS **PO BOX 1286**
CITY-ST-ZIP **Lehigh Acres 33970 FL.**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vip.**
NAME **JOHN S. SAHAGIAN**
STREET ADDRESS **79 MADISON DR.**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T.**
NAME **JOAN SAHAGIAN**
STREET ADDRESS **3015 CALVIN BLVD**
CITY-ST-ZIP **FT. MYERS FL. 33901**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

TITLE **S.**
NAME **JOAN PHILLIPS**
STREET ADDRESS **PO. BOX 1286**
CITY-ST-ZIP **Lehigh Acres FL 33970**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03 **337-3336**
Date Daytime Phone #

CR2E034B (12/02)