FILED

2002 UNIFORM RUSINESS REDORT (URB)

| DOCUMENT # F74037 1. Entity Name CUNNINGHAM PEST CONTROL, INC. | | | | | Jan 30, 2002 8:00 am Secretary of State 01-30-2002 90130 043 ***158.75 | | | | |
|---|--|--|---------------------------------------|------------|--|----------------|-------------|-----------------------------|--------------|
| Principal Place of Business 2559 WEBB AVE ## 9 DELRAY BEACH FL 33444 | | Mailing Address 721 SW 16TH ST BOYNTON BCH. FL 33426 | | | | | | | |
| 2. Principal | Place of Business TWebbAve | 3. Mailing Address | ⁴ 5+, | | | ladı diril i | | JIEN BIEN IBBI | |
| Suite, Apt. # etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE | IN THIS SPA | ACE | | |
| City & Sta | | City & State Boynton B. | encl, Fl. | 4. | FEI Number 59-2179152 | | | pplied For ot Applicable |] |
| 3344 | Country | Zip | Country PAMBRACK | 5. | Certificate of Status Desired | | 3.75 Add | ditional | 1 |
| | 6. Name and Address of Current F | | | _ | Name and Address of New Re | | | | _ |
| CUMBUNG | PLIAN LIOWADD C | | Name | | | | | | |
| 721 SW_1 | HAM, HOWARD G | | Street Addre | ss (P.O. I | Box Number is Not Acceptable) | | | | 1 |
| - | N BEACH FL 33426 | | | | · | | | | - |
| 50111101 | 1 DE 1011 1 E 40 120 | | City | | | | 7.0. | | 4 |
| | e named entity submits this statement for | | City | | | FL | Zip Cod | .e | |
| Tax filing | Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so. | FILE NOW!!! After May 1, 2002 Make Check Payable | • | 0 | einstating) 10. Election Campaign Final Trust Fund Contribution. | DATE ncing | | 00 May Be | |
| 11. | OFFICERS AND D | • | 12. | ΑĒ | DDITIONS/CHANGES TO OFFIC | ERS AND DIF | RECTOR | S IN 11 | 1_ |
| TITLE NAME Street address City-St-Zip | P CUNNINGHAM, HOWARD G 721 SW 16TH ST BOYNTON BEACH FL 33426 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |] Change | ☐ Addition | 2E034 (9/01) |
| TITLE Name Street address ⁻ City-st-zip | VP CUNNINGHAM, DONALD J 721 SW 16TH ST BOYNTON BEACH FL 33426 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |] Change | ☐ Addition | SS |
| ITLE NAME STREET ADDRESS CITY-ST-ZIP | ST CUNNINGHAM, CECELIA Y 721 SW 16TH ST BOYNTON BEACH FL 33426 | A Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Change | Addition | |
| ITLE IAME STREET ADDRESS SITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Change | Addition | |
| ITLE IAME Treet address ITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Change | ☐ Addition | |
| ITLE IAME TREET ADORESS ITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Change | ☐ Addition | |
| of the cor | certify that the information supplied with the on this report or supplemental report is troporation or the receiver or trustee empower or on an attachment with an address, with the supplement of the control of the co | ue and accurate and that my si ered to execute this report as r | idnatiire shall baye tr | a cama i | agal effect as if made under eat | h: that I am a | a afficar a | ar diraatar | |

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

Lenny Kon