

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90056 034 \*\*\*150.00

DOCUMENT # **F74037**

1. Entity Name  
**CUNNINGHAM PEST CONTROL, INC.**



Principal Place of Business  
**2559 WEBB AVE**  
**#9**  
**DELRAY BEACH FL 33444**

Mailing Address  
**721 SW 16TH ST**  
**BOYNTON BCH. FL 33426**

**90008517**



2. Principal Place of Business

3. Mailing Address

**2559 Webb Ave.**  
Suite, Apt. #, etc.  
**#8**

**2559 Webb Ave.**  
Suite, Apt. #, etc.  
**#8**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Delray Beach FL**

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**Delray Beach FL**

4. FEI Number **59-2179152**

Applied For  
☐ Not Applicable

Zip **33444** Country **Palm Beach**

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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

**CUNNINGHAM, HOWARD G**  
**721 SW 16TH ST**  
**BOYNTON BEACH FL 33426**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**2559 Webb Ave.**  
**#8**  
City **Delray Beach** FL Zip Code **33444**

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 *Howard G. Cunningham*  
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 **P** ☐ Delete  
NAME **CUNNINGHAM, HOWARD G**  
STREET ADDRESS **721 SW 16TH ST**  
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **P.** ☒ Change ☐ Addition  
NAME **CUNNINGHAM HOWARD G.** Address  
STREET ADDRESS **2559 Webb Ave. #8** Change  
CITY-ST-ZIP **Delray Beach, FL 33444**

TITLE **VP** ☐ Delete  
NAME **CUNNINGHAM, DONALD J**  
STREET ADDRESS **721 SW 16TH ST**  
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **VP** ☒ Change ☐ Addition  
NAME **CUNNINGHAM DONALD J**  
STREET ADDRESS **2309 NW 15th Way**  
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Howard G. Cunningham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN. 9, 2003**  
Date

Daytime Phone #

CR2E034 (10/02)