## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

- Oign Olim Deciment	2-22	•
DOCUMENT#	2002	FILED
1. Entity Name, NESS PEST (cn/srcl,	Too -	
NESS PEST COMMUNICA	7,73,141	02 JUL 24 PM 2: 22
	<b>Gレ</b> ブ	SÉCRETARY OF STATE TALLAHASSEE, FLORIDA
		TALLAHASSEE FLORIDA
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an interest the second	ailing Address	
	PME ite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
5367, 44, 7, 65		FELNumber Applied For
	ty & State	4. FEI Number Applied For Not Applied For Not Applied For
Zip. Country Zi	p Country	5. Confficence of Status Declared \$8.75 Additional
3303Z USA		7. Name and Address of Current Registered Agent
	Name / /	7. Name and Address of Current Registered Agent
DO NOT WRIT	F <b>=</b> 0/0	P.O. Box Number is Not Acceptable)
		Wayne His
IN THIS SPAC	· <b>E</b>	-
	City M.C.	FL Zip Code
8. The above named entity submits this statement for the pu	yroosa of changing its registered office or register	red agent or both, in the State of Florida.
8. The above named entry abbinits this statement for the bi	pose of changing is regulated office of regular	
SIGNÂTURE		
Signature, typed or printed name of registered agent and title if a		Jwhen constantly DAIL
This corporation is eligible to satisfy its Intangible	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00	. 10. Election Campaign Financing. \$5.00 May Be
Tax filing requirement and elects to do so.  (See criteria orr back)	Amended UBR is \$61,25 Make Check Payable to Department of State	Trust Fund Contribution Added to Fees
11. OFFICERS AND DIRECT		
TITLE PI OLOGICA O	HILE	100.00
NAME NESS (MONES P., STREET ADDRESS 75W S.W. 173 St.	STREET AUDRESS	9000069816891
CITY ST-ZIP MIGMI FC 33157	:C112:S1-21P	-08/08/0201078007
ERF. S.	mie	****300.00 ****300.00
NAME NESS, SCUTT E	HAME Street Address	
STREET ADDRESS 3483 PM CONTY-ST-ZIP MIQMI BEACH FC	GITY-ST-ZIP	
TITLE TITLE	nr <u>t</u>	
NAME	NAME.	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
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STREET AUDRESS	STREET ADDRESS	-
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NAME .	HAME	
. STREEL ADDRESS.		
CITY-ST-ZIP	CTY-ST-ZP	
NAME .	NAME	1 A /
STREET ADDRESS	STREET ADDRESS	NXW
CITY-ST-ZIP	CITY ST-ZIP	action 110 07(2)(i) Elegida Statuta   Leuthar costile that the information
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 on an		
of the corporation or the receiver or trustee empowered to execute this report as required by chapter out, Florida statutes, and that my name appears in block it of the attachment with an address, with all other like empowered.		
10/2 1- N/25 1/26/12 20 212 1021		
SIGNATURE: Design Front ED NAME OF SEGNING OFFICER OR DIRECTOR DIRECTOR		