2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # H30756 1. Entity Name RELIABLE EXTERMINATING COMPANY					FILED Apr 13, 2001 8:00 am Secretary of State 04-13-2001 90002 048 ***150.00		
Principal Place of Business 137 N.E. 2ND AVENUE DEERFIELD BCH. FL 33441		Mailing Address 137 N.E. 2ND AVENUE DEERFIELD BCH. FL 33441					-
2. Principal Place of Business 1281 SW 1 Way Suite, Apt. #, etc.		3. Mailing Address 1281 SW 1 Way Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State Deerfield Beach FL		City & State Deerfield Beach FL		·	4. FEI Number 59-2508598 Applied For Not Applicable		
Zip 33441	Country Broward	Zip 33441	Country Browar	d	Certificate of Status Desired	\$8.75 Ad Fee Require	
AMICI, LISA 137 N.E. SECOND AVENUE			Name Street A	Name Name Street Address (P.O. Box Number is Not Acceptable)			
DEERFIELD BEACH FL 33441			City	l SW 1 cfield		FL Zip Coo	le 11
SIGNATURE	or printed name of registered agent an	id title if applicable. (NOTE	Registered office of the signal signa	ture required when	gent, or both, in the State of Flori reinstating)	DATE	
			01 Fee will be \$	550.00	10. Election Campaign Finar Trust Fund Contribution.	ncing \$5.0 Adde	O May Be to Fees
STREET ADDRESS 137 N.E.	OFFICERS AND D SE, NICHOLAS SECOND AVENUE D BCH FL		12. TITLE NAME STREET ADDRESS CITY - ST- ZIP	1281	SW 1 Way field Beach F	Change	S IN 11 Addition
TITLE V NAME AMICI, LI STREET ADDRESS 137 N.E. DEERFIEI	V Delete AMICI, LISA 137 N.E. SECOND AVENUE DEERFIELD BCH FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1281 SW 1 Way Deerfield Beach FL 33441		Addition	
	se, anthony Glouchester St. Ton Fl	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		SW 1 Way field Beach F		- Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME Street Address City-St-Zip			Change	Addition
TITLE NAME STREET ADDRESS CITY~ST- ZIP		Deiete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE		Delete	TITLE NAME STREET ADDRESS			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP	a information supplied with the t or supplemental report is the receiver or trustee empower achment with an address, with	his filing does not qualify for rue and accurate and that or every to execute this report that other like empowered	CITY-ST-ZIP	ave the same apter 607, Flori ASRR	119.07(3)(i), Florida Statutes. I fu legal effect as if made under oat ida Statutes; and that my name a gonese 954-427-420	h; that I am an officer ppears in Block 11 o	nformation or director Block 12 if