FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90234 045 ***150.00

DOCUMEN 1. Entity Name	NT# K 92347 Pest Control		
Misty	Pest Control	Inc	

SIGNATURE:



DO NOT WRITE IN THIS SPACE				• * · · · ·			
					11016656		
2. Principal Place of B	.W. 16th St.	3. Mailing Address	Files 6	2.6.			
Suite, Apt. #, etc.	. 10. 10 - 31.	Suite, Apt. #, etc.	Eileen K	ω <u>b</u> :ν	DO NOT WRITE IN THI	IS SPACE	
City & State Lauderhil		Plantation	~ Floria	la	4. FEI Number 65-0127533	Applied For Not Applicable	
33311	Broward	33324	Broward	Q	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	alita na distributivas. Contrativos distributivas participas productivas par de la caracidad participas.				. Name and Address of Current Register	red Agent	
Name - Rubin, Mark S							
	DO NOT W	RITE	Street Ad	ddress (F	O. Box Number is Not Acceptable)		
IN THIS SPACE 600 N.W. 76+4 AVE.							
			City	21	tation F	Zip Code	
• The share seemed	and the companies this statement to	r the ourpose of changing it	re registered office or	Ian	PI DCI I UK		
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.							
SIGNATURESignature, t	typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signatu	re required v	when reinstating) DATE		
- After M	- May 1 Fee is \$150.00 ay 1, Fee is \$550.00 ded UBR is \$61.25				Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be	
	e to Florida Department of	A reference (a configuration)				7,0000	
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12. I hereby certify that indicated on this re of the corporation attachment with an	at the information supplied with eport or supplemental report is or the receiver or trustee emp address, with all other like em	this filing does not qualify for true and accurate and that owered to execute this repo- powered.	or the exemption state my signature shall ha ort as required by Ch	ed in Sec ive the sa apter 60	tion 119.07(3)(i), Florida Statutes. I further of ame legal effect as if made under oath; that 7, Florida Statutes; and that my name appe	ertify that the information I am an officer or director ars in Block 10 or on an	

THUM A CHUMU Mark S. Rubin 4-23-2003 954-472-3082