

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90268 025 ***150.00

DOCUMENT # **M15257**

1. Entity Name
K. CUNNINGHAM EXTERMINATING, INC.



Principal Place of Business
5024 SW 121 AVE
COOPER CITY FL 33330
US

Mailing Address
5024 SW 121 AVE
COOPER CITY FL 33330
US

2. Principal Place of Business

1580 PINE GROVE ROAD

3. Mailing Address

1580 PINE GROVE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. CLOUD, FL.

City & State

ST. CLOUD, FL.

4. FEI Number **59-2530102**

Applied For

Not Applicable

Zip

34771

Country

OSCEOLA

Zip

34771

Country

OSCEOLA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CUNNINGHAM, KEVIN JOHN
5024 SW 121 AVE
COOPER CITY FL 33330

7. Name and Address of New Registered Agent

KEVIN JOHN CUNNINGHAM

1580 PINE GROVE ROAD

City **ST. CLOUD, FL.**

FL

Zip Code **34771**

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 *Kevin Cunningham*
Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-21-03

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

TITLE **P** ☐ Delete
NAME **CUNNINGHAM, KEVIN JOHN**
STREET ADDRESS **5024 SW 121ST AVE**
CITY-ST-ZIP **COOPER CITY FL 33330**

TITLE **ST** ☐ Delete
NAME **CUNNINGHAM, TAMMY LYN**
STREET ADDRESS **5024 SW 121ST AVE**
CITY-ST-ZIP **COOPER CITY FL 33330**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PRESIDENT ☒ Change ☐ Addition
NAME **KEVIN J. CUNNINGHAM** ADDRESS
STREET ADDRESS **1580 PINE GROVE ROAD**
CITY-ST-ZIP **ST. CLOUD, FL. 34771**

ST ☒ Change ☐ Addition
NAME **TAMMY LYN CUNNINGHAM** ADDRESS
STREET ADDRESS **1580 PINE GROVE ROAD**
CITY-ST-ZIP **ST. CLOUD, FL 34771**

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

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

TITLE ☐ Change ☐ Addition
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:

Kevin Cunningham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-03 954-816-9198

CR2E034 (10/02)