2001 UNIFORM BUSINESS REPORT (UBR)

0494575

FILED
Jan 16, 2001 8:00 am
Secretary of State
01-16-2001 90096 037 ***158.75

DOCUMENT # P98000000275

1. Entity Name
SUNSHINE PEST CONTROL, INC.

Principal Place of Business	Mailing Address
SUNSHINE PES CONTROL 2729 NW 79TH AVE MIAMI FL 33122	SUNSHINE PEST CONTROL, INC. P.O. BOX 924249 HOMESTEAD FL 33092

00003759

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Sunshine Pest Control	Sunshine Pest control
Suite, Apt. #, etc.: 2729 N.W. 79th Avenue	Suite, Apt. #, etc.: P.O. Box 924249
City & State: Miami, Fl	City & State: Homestead, Fl
Zip: 33122 Country:	Zip: 33092-4249 Country:

4. FEI Number 65-0821888 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VALIENTE, ROBERTO
2729 NW 79TH AVE.
MIAMI FL 33122

7. Name and Address of New Registered Agent

Name: Valiente, Roberto
Street Address (P.O. Box Number is Not Acceptable): 2729 N.W. 79th Avenue
City: miami FL Zip Code: 33122

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.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALIENTE, ROBERTO P.O. BOX 924249 HOMESTEAD FL 33092-4249	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1/5/2001 (305) 640-9640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #