2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State
02-17-2002 90039 043 ***158.75

DOCUMENT # P98000000275

1. Entity Name
SUNSHINE PEST CONTROL, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Sunshine Pest Control		Sunshine Pest Control, Inc	
Suite, Apt. #, etc. 2729 N.W. 79th Ave		Suite, Apt. #, etc. P.O. Box 940253	
City & State Miami Fl		City & State Miami, Florida	
Zip 33122	Country USA	Zip 33194	Country USA

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	7. Name and Address of New Registered Agent
VALIENTE, ROBERTO 2729 NW 79TH AVE. MIAMI FL 33122	Name Roberto Valiente Street Address (P.O. Box Number is Not Acceptable) 2729 N.W. 79th Ave 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 [signature] Roberto Valiente 1/29/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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	P. Valiente, Roberto P.O. Box 940253 Miami, Fl 33194 New Mailing	☐ 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
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CR2E034 (9/01)

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] Roberto Valiente 1/29/2002 (305) 640-9640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #