2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State
01-17-2003 90110 041 ***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~~ P.O Box 940253 ~~HOMESTEAD FL 33092~~ miami, Fl 33194

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Sunshine Pest Control Inc	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, Fl
Zip 33122 Country [illegible]	Zip 33194 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	7. Name and Address of New Registered Agent
VALIENTE, ROBERTO 2729 NW 79TH AVE. MIAMI FL 33122	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

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	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALIENTE, ROBERTO PO BOX 940253 MIAMI FL 33194 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] REQUIRED 01/08/03 (305)640-9640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)