2000 UNIFORM BUSINESS REPORT (UBR) Sep 06, 2000 8:00 am Secretary of State DOCUMENT # \$15301 1. Entity Name COOK INTERNATIONAL PEST CORP. 08-08-2000 90006 025 ***150.00 09-06-2000 90087 025 ***400.00 Mailing Address Principal Place of Business 1227 ROGERO BOAD 1227 ROGERO_BOAD JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 DULULUI V 3. Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3005416 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required... 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name COOK, KENNETH SR. Street Address (P.O. Box Number is Not Acceptable) 3704 ANVERS BLVD JACKSONVILLE FL 32210 Zip Code City 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax fitting requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (5,00) ■ Addition Change TITLE ☐ Detete TITLE COOK, KENNETH NAME NAME CR2E034 STREET ADORESS STREET ADDRESS 3704 ANVERS BLVD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP Change TITLE · ---- - - Delete --NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Deleta TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: