2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003
Secretary of State

DOCUMENT# V33729

Entity Name: T N T EXTERMINATORS, INC.

Current Principal Place of Business:

11930 SW 179 TERR
MIAMI, FL 33177

New Principal Place of Business:

Current Mailing Address:

11930 SW 179 TERR
MIAMI, FL 33177

New Mailing Address:

FEI Number: 65-0358102 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MARQUES, PABLO
11930 SW 179 TERR
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MARQUES, ANTONIO J.,
Address: 11930 SW 179 TERR
City-St-Zip: MIAMI, FL 33177

Title: V ( ) Delete
Name: MARQUES, PABLO,
Address: 11930 SW 179 TERRACE
City-St-Zip: MIAMI, FL 33177

Title: T ( ) Delete
Name: MARQUES, CECILIA
Address: 11930 SW 179 TERR.
City-St-Zip: MIAMI, FL 33177

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S ( ) Change (X) Addition
Name: MARQUES, ELSA
Address: 11930 SW 179 TERR
City-St-Zip: MIAMI, FL 33177

Title: D ( ) Change (X) Addition
Name: MARQUES, ELSIE A
Address: 6615 NERVIA STREET
City-St-Zip: CORAL GABLES,, FL 33146

Title: M ( ) Change (X) Addition
Name: MARQUES, ANTONIO
Address: 11930 SW 179 TERR
City-St-Zip: MIAMI, FL 33177

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELSIE ALESSANDRA MARQUES D 01/23/2003

Electronic Signature of Signing Officer or Director — Date