

# 2001 UNIFORM BUSINESS REPORT (UBR)

0005824 AF

DOCUMENT # M00000000267

1. Entity Name  
SEARS TERMITE AND PEST LLC

FILED

01 APR 27 PM 4:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6359 EDGEWATER DRIVE  
ORLANDO FL 32810

Mailing Address  
6359 EDGEWATER DRIVE  
ORLANDO FL 32810



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

DO NOT WRITE IN THIS SPACE

City & State

4. FEI Number **APPLIED FOR**  Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **600004217876-8** Zip Code **60008**  
**-05/15/01-03-008**

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. State Fee \$50.00 \*\*\*\*\*50.00

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NUMBER FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MANAGER MICHAEL TOWER
STREET ADDRESS		STREET ADDRESS	3333 BEVERLY RD
CITY-ST-ZIP		CITY-ST-ZIP	HOFFMAN ESTATES, IL 60179
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MANAGER PAUL SHAY
STREET ADDRESS		STREET ADDRESS	3333 BEVERLY RD
CITY-ST-ZIP		CITY-ST-ZIP	HOFFMAN ESTATES, IL 60179
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MANAGER CARRIE COZZI
STREET ADDRESS		STREET ADDRESS	3333 BEVERLY RD
CITY-ST-ZIP		CITY-ST-ZIP	HOFFMAN ESTATES, IL 60179
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MANAGER CHRISTINE MENGES
STREET ADDRESS		STREET ADDRESS	3333 BEVERLY RD
CITY-ST-ZIP		CITY-ST-ZIP	HOFFMAN ESTATES, IL 60179
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Christine Menges Christine Menges Date: 3-27-01 Daytime Phone # \_\_\_\_\_

CR2E083 (11/00)