

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90028 048 \*\*\*\*\$5.00

**DOCUMENT # L00000001522**

1. Entity Name  
**BIG CAT'S PEST CONTROL, LLC**

Principal Place of Business      Mailing Address  
**4454 ELI WHITNEY DRIVE**      **4454 ELI WHITNEY DRIVE**  
**MIDDLEBURG FL 32068**      **MIDDLEBURG FL 32068**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3622839**      Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**MOSS, JOHN B**  
**1530 BUSINESS CENTER DR., SUITE 4**  
**ORANGE PARK FL 32073**

## 7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

## 9. MANAGING MEMBERS/MANAGERS

|                                                |                                                                                                                             |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>KRIZ, RANDY LEE<br/>4454 ELI WHITNEY DRIVE<br/>MIDDLEBURG FL 32068</b> <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>SMEENGE, JOEL<br/>1600 NOTTINGHAM KNOLL DRIVE<br/>JACKSONVILLE FL 32225</b> <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>FORDHAM, TODD<br/>1600 NOTTINGHAM KNOLL DRIVE<br/>JACKSONVILLE FL 32225</b> <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>KELLER, PATRICK E<br/>985 LAKE ASBURY DRIVE<br/>GREEN COVE SPRINGS FL 32043</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                             |

## 10. ADDITIONS/CHANGES

|                                                |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *[Signature]*      SIGNATURE REQUIRED: *[Signature]*      1-7-2      904.759.7492  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

0023635

902252



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)