

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004784

1. Entity Name

BLACK WIDOW PEST CONTROL, LC

Principal Place of Business

2909 SUNBITTERN COURT
WINDERMERE FL 34786

Mailing Address

2909 SUNBITTERN COURT
WINDERMERE FL 34786

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3642776

Applied For

Not Applicable

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

OAKLEY, SEAN
2909 SUNBITTERN COURT
WINDERMERE FL 34786

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

Sean Oakley

Sean Oakley

12/1/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

600004761916--2
-01/09/02--01029--023
****300.00 ****150.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: President Managing member
NAME: Sean Oakley
STREET ADDRESS: 2909 Sunbittern Ct
CITY-ST-ZIP: Windermere FL 34786

☐ Delete

TITLE: Vice President Managing member
NAME: Donna Oakley
STREET ADDRESS: 2909 Sunbittern Ct
CITY-ST-ZIP: Windermere FL 34786

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE: Lawrence S. Wilmer
NAME: 5362 S Durkirk Way
STREET ADDRESS: Aurora CO 80015
CITY-ST-ZIP:
☒ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE: Bruce A Moore
NAME: 4407 Drexel Ave
STREET ADDRESS: Orlando FL 32808
CITY-ST-ZIP:
☒ Change ☐ Addition

From managing member to member

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

REINSTATEMENT

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 REQUIRED

12/1/01 (407) 86-2032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)

000052

FILED

01 DEC 31 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE