## **2002 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L00000013556 NEIL'S PEST CONTROL SERVICE, LC

## FILED Jan 31, 2002 8:00 am Secretary of State 01-31-2002 90068 014 \*\*\*\*55.00

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	Country  T H  EAST 40TH TERRACE  1471  ity submits this statement for printed name of registered agen  MANAGING MEMB  COBERT H  E 40TH TERR  FL 34471	TERRACE  PO BOX 77 OCALA FL  Suite, Ap  City & St  Country  Zip  Be and Address of Current Registered Ag  T H  EAST 40TH TERRACE  In a purpose of the purpos	TERRACE  PO BOX 771287 OCALA FL 34477-1287  3. Mailing Address Suite, Apt. #, etc.  City & State  Country Zip  De and Address of Current Registered Agent  TH  EAST 40TH TERRACE  ATI  Make Check Pay Due  MANAGING MEMBERS/MANAGERS  COBERT H  E 40TH TERR FL 34471  Delete	TERRACE  PO BOX 771287 OCALA FL 34477-1287  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  The and Address of Current Registered Agent  The EAST 40TH TERRACE  471  It y submits this statement for the purpose of changing its registered agent and title if applicable.  (NOTE: Registered Due By Manana Managing Members/Managers  FILE NOW!!! FMake Check Payable to Due By Manana Managing Members/Managers  OBERT H  E 40TH TERR FL 34471  Delete  TITLE  NAME STREE CITY  TITLE  NAME STREE CITY  TITLE  TITLE  NAME STREE CITY  TITLE  TITL	And the second s	iness   3, Mailing Address	iness   3. Mailing Address	iness   3. Mailing Address   DO NO:    Suite, Apt. #, etc.   DO NO:   City & State   4. FEI Number   NOT	iness   3. Mailing Address   Do Not Write   Do Not   Do Not	iness   3. Mailing Address   Do NOT WRITE IN THIS:  City & State   Country   S. Certificate of Status Desired   March    Country   City & State   Country   S. Certificate of Status Desired   March    Country   Country   S. Certificate of Status Desired   March    Country   Country   S. Certificate of Status Desired   March    In and Address of Current Registered Agent   Name    The HEAST 40TH TERRACE    Street Address (P.O. Box Number is Not Acceptable)    City   FL    City   FL    City   FL    City   FL    Make Check Payable to Department of State    Do By May 1, 2002    MANAGING MEMBERS/MANAGERS   10. ADDITIONS/CHANGES    OBERT H    E 40TH TERR    CITY ST-2P    Delde   TITLE    NAME    SIRET ADDRESS    CITY-ST-2P    Delde    Delde	PO BOX 771287  OCALA FL 34477-1287  9 1 3 3  Inness  3. Mailing Address  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  In and Address of Current Registered Agent  The Street Address (P.O. Box Number is Not Acceptable)  City  City  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Country  FL  Zip Country  FL  Zip Country  City  FL  Zip Country  City  FL  Zip Country  City  FL  Zip Country  FL  Zip  City  FL

Thereby certify that the information supplied with this limit does not qualify for the exemption stated in Section 119.07(3)(i), Frontia Statutes. From the certify that 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.