

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90220 046 ****50.00

DOCUMENT # L01000017347

1. Entity Name
DEAD ON PEST CONTROL, LLC

Principal Place of Business

9220 BUTTONWOOD STREET
 ORLANDO FL 32825
 US

Mailing Address

9220 BUTTONWOOD STREET
 ORLANDO FL 32825
 US

2. Principal Place of Business

4880 Distribution Court
 Suite, Apt. #, etc.
 Suite 7

3. Mailing Address

4880 Distribution Court
 Suite, Apt. #, etc.
 Suite 7

City & State
 Orlando, Florida

City & State
 Orlando, Florida

Zip Country
 32822 USA

Zip Country
 32822 USA

4. FEI Number
 59-3760685

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HIGHSMITH, SANFORD R. JR.
 9220 BUTTONWOOD STREET
 ORLANDO FL 32825

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 *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS / MANAGERS

TITLE NAME Delete
 MGRM HIGHSMITH, SANFORD R. JR.
 STREET ADDRESS 9220 BUTTONWOOD STREET
 CITY-ST-ZIP ORLANDO FL 32825

TITLE NAME Delete
 MGRM HIGHSMITH, MICHELE R
 STREET ADDRESS 9220 BUTTONWOOD STREET
 CITY-ST-ZIP ORLANDO FL 32825

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

10. ADDITIONS / CHANGES

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
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TITLE NAME Change Addition
 STREET ADDRESS
 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: *Michele R. Highsmith* 4/30/02 (407) 271-0468
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)