

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

3. Mailing Address

4880 Distribution Court

Suite, Apt. #, etc.

Suite 7

Suite, Apt. #, etc.

Suite 7

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32822

Country

USA

Zip

32822

Country

USA

4. FEI Number

59-3760685

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

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 ☐ Delete

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

TITLE ☐ Delete

**MGRM
 HIGHSMITH, MICHELE R
 9220 BUTTONWOOD STREET
 ORLANDO FL 32825**

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10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition

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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, Michele 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)