

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**  
06-16-2003 90001 030 \*\*\*\*50.00

0076214

**DOCUMENT # L01000017347**

1. Entity Name

**DEAD ON PEST CONTROL, LLC**



Principal Place of Business

488D DISTRIBUTION CT  
STE 7  
ORLANDO FL 32822  
US

Mailing Address

488D DISTRIBUTION CT  
STE 7  
ORLANDO FL 32822  
US

2. Principal Place of Business

9220 Buttonwood St  
Suite, Apt. #, etc.

3. Mailing Address

9220 Buttonwood St  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
Orlando, Florida

Zip Country  
32825 Orange

City & State  
Orlando, Florida

Zip Country  
32825 Orange

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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NAME  
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CITY-ST-ZIP  
☐ Change ☐ 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:** Michele Highsmith **SIGNATURE REQUIRED** Michele Highsmith 6/12/03 (407) 577-0468  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)