

# 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 <b>488D DISTRIBUTION CT STE 7 ORLANDO FL 32822 US</b>	Mailing Address <b>488D DISTRIBUTION CT STE 7 ORLANDO FL 32822 US</b>
--	--

2. Principal Place of Business <b>9220 Buttonwood St</b> Suite, Apt. #, etc.	3. Mailing Address <b>9220 Buttonwood St</b> Suite, Apt. #, etc.
--	--



CHECK HERE IF MAKING CHANGES

City & State <b>Orlando, Florida</b>	City & State <b>Orlando, Florida</b>
Zip <b>32825</b>	Zip <b>32825</b>
Country <b>Orange</b>	Country <b>Orange</b>

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 \_\_\_\_\_ (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	<b>MGRM HIGHSMITH, SANFORD R JR. 9220 BUTTONWOOD STREET ORLANDO FL 32825</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HIGHSMITH, MICHELE R 9220 BUTTONWOOD STREET ORLANDO FL 32825</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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* **QUIMER** Michele Highsmith 6/12/03 (407) 277-0468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)