

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90756 025 \*\*\*\*50.00

DOCUMENT # M02000003152 NC

1. Entity Name

HOMETEAM PEST DEFENSE, LLC

12-18-02



**DO NOT WRITE IN THIS SPACE**

30066976

2. Principal Place of Business

2728 N. HARWOOD ST.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 199000

Suite, Apt. #, etc.

TAX DEPT.

City & State

DALLAS, TX

City & State

DALLAS, TX

4. FEI Number

68-0528893

Applied For

Not Applicable

Zip

75201

Country

USA

Zip

75219

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CORPORATION-SERVICE-COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

City

TALLAHASSEE

FL

Zip Code

32301-2525

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER  
HIRSCH, LAURENCE E.  
2728 N. HARWOOD ST.  
DALLAS, TX 75201

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER  
SMERGE, RAYMOND G.  
2728 N. HARWOOD ST.  
DALLAS, TX 75201

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER, CHAIRMAN, CEO  
SWARTZ, ROBERT M.  
2728 N. HARWOOD ST.  
DALLAS, TX 75201

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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:

LYLE E. STEVENS, ASST. VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/20/03 (214) 981-5000

CR2E083B (12/02)