

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 22, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # P13659**

1. Entity Name  
**WILLIAMS INDUSTRIAL SERVICES, INC.**

Principal Place of Business 2076 W PARK PL STONE MOUNTAIN GA 30087	Mailing Address C/O IVOR LONGO, ESQ. 2076 WEST PARK PLACE STONE MOUNTAIN GA 30087
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address C/O DAVID K. BAXTER, ESQ. Suite, Apt. #, etc.
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City & State STONE MOUNTAIN GA	4. FEI Number <b>58-1529405</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip 30087	Country US	Zip 30087	Country US	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324 US

**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 \_\_\_\_\_ DATE **02/22/2000**  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> Delete	
NAME	WILLIAMS VIRGIL R		
STREET ADDRESS	2076 W PARK PLACE		
CITY-ST-ZIP	STONE MOUNTAIN GA 300873533		
TITLE	D	<input type="checkbox"/> Delete	
NAME	JR. WILLIAMS, J.M.		
STREET ADDRESS	2076 WEST PARK PLACE		
CITY-ST-ZIP	STONE MOUNTAIN GA 30087		
TITLE	S	<input type="checkbox"/> Delete	
NAME	BROWN WILLIAM		
STREET ADDRESS	2076 W PARK PL		
CITY-ST-ZIP	STONE MOUNTAIN GA 30087		
TITLE	P	<input type="checkbox"/> Delete	
NAME	CONWAY R E		
STREET ADDRESS	2076 W PARK PL		
CITY-ST-ZIP	STONE MOUNTAIN GA 30087		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MASON JOE A		
STREET ADDRESS	2076 W PARK PL		
CITY-ST-ZIP	STONE MOUNTAIN GA 30087		
TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILES J. LOWELL		
STREET ADDRESS	2076 W PARK PL		
CITY-ST-ZIP	STONE MOUNTAIN GA 30087		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. LOWELL WILES R 02/22/2000