

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90043 001 \*\*\*150.00

**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 DAVID K. BAXTER, ESQ.  
 2076 WEST PARK PLACE  
 STONE MOUNTAIN GA 30087**

**00009400**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>58-1529405</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WILES, J. LOWELL</b> <input checked="" type="checkbox"/> Delete <b>2076 W PARK PL</b> <b>STONE MOUNTAIN GA 30087</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MASON, JOE A</b> <input checked="" type="checkbox"/> Delete <b>2076 W PARK PL</b> <b>STONE MOUNTAIN GA 30087</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JR. WILLIAMS, J.M.</b> <input type="checkbox"/> Delete <b>2076 WEST PARK PLACE</b> <b>STONE MOUNTAIN GA 30087</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, VIRGIL R</b> <input type="checkbox"/> Delete <b>2076 W PARK PLACE</b> <b>STONE MOUNTAIN GA 30087-3533</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>James M. Williams, Jr.</b> <b>2076 W Park Place</b> <b>Stone Mountain, GA 30087</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Jerald H. Williams</b> <b>2076 W. Park Place</b> <b>Stone Mountain, GA 30087</b>
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

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 or empowered.

SIGNATURE: *James M. Williams, Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**James M. Williams, Jr., President**

01/10/2001 770 879-4165  
 Date (Legal Dept.)

CR2E034 (10/00)