

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90078 031 ***150.00

0324630 AT

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**

2. Principal Place of Business
2075 West Park Place

3. Mailing Address
c/o D. K. Baxter, Esq.

Suite, Apt. #, etc.
2076 West Park Place

City & State
Stone Mountain, GA

City & State
Stone Mountain, GA

Zip
30087-3530

Country

4. FEI Number **58-1529405**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, JAMES M JR. 2076 W PARK PL STONE MOUNTAIN GA 30087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, JERALD H 2076 W PARK PL STONE MOUNTAIN GA 30087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JR. WILLIAMS, J.M. 2076 WEST PARK PLACE STONE MOUNTAIN GA 30087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, VIRGIL R 2076 W PARK PLACE STONE MOUNTAIN GA 30087-3533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE: *James M. Williams, Jr.* **2/18/03** **770 879-4165**
Signature and Typed or Printed Name of Signing Officer or Director Date (Legal Dept.)

CR2E034 (10/02)