

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90020 004 ***150.00

DOCUMENT # 635796

1. Entity Name
SERVPRO OF ORLANDO, NW, INC.



Principal Place of Business

2721 FORSYTH RD
STE 359
WINTER PARK, FL 32792 US

Mailing Address

PO BOX 4506
WINTER PARK, FL 32793 US

2. Principal Place of Business

1351 SEMINOLA BLVD

Suite, Apt. #, etc.

Suite 102

City & State

Casselberry, FL

Zip

32708

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

01082004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-1939016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, ADELE
1063 MANCHESTER CIRCLE
WINTER PARK, FL 32792

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME ADAMS, ALAN S.
STREET ADDRESS 1063 MANCHESTER CIRCLE
CITY-ST-ZIP WINTER PARK, FL

TITLE P ☐ Delete
NAME ADAMS, ADELE
STREET ADDRESS 1063 MANCHESTER CIRCLE
CITY-ST-ZIP WINTER PARK, FL 00000,

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/04 407-422-4701