

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 679478

1. Entity Name

AMERICAN RESIDENTIAL SERVICES OF FLORIDA, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90042 018 \*\*\*150.00

Principal Place of Business

Mailing Address

2223 2ND AVE NORTH  
LAKE WORTH FL 33461

2223 2ND AVE NORTH  
LAKE WORTH FL 33461-3212  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

860 Ridge Lake Blvd

Suite, Apt. #, etc.

Mail Stop A3-1860

City & State

City & State  
Memphis, TN

4. FEI Number

59-2473525

Applied For

Not Applicable

Zip

Country

Zip

Country

38120

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VP	SASSO, ED	2223 2ND AVENUE NORTH	LAKE WORTH FL 33461	<input checked="" type="checkbox"/>
VP	MEYER, CHARLES J	1700 BANKS ROAD	MARGATE FL 33063	<input type="checkbox"/>
P	SOKOLOW, ELLIOT	5051 WESTHEIMER, SUITE 725	HOUSTON TX 77056	<input checked="" type="checkbox"/>
V	SOKOLOW, MELISSA	1700 BANKS ROAD	MARGATE FL 33063	<input checked="" type="checkbox"/>
C	MAMAUX, MICHAEL	5051 WESTHEIMER, SUITE 725	HOUSTON TX 77056	<input checked="" type="checkbox"/>
T	WALKER, A. JEFFERSON III	5051 WESTHEIMER, SUITE 725	HOUSTON TX 77056	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President	William E. LeBaron	860 Ridge Lake Blvd	Memphis, TN 38120	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vice President	Stanley J. Zalik	860 Ridge Lake Blvd	Memphis, TN 38120	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	Robert F. Beckmann	860 Ridge Lake Blvd	Memphis, TN 38120	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Ernest J. Mrozek	860 Ridge Lake Blvd	Memphis, TN 38120	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Phillip B. Rooney	One ServiceMaster Way	Downers Grove, IL 60515	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Vernon T. Squires	One ServiceMaster Way	Downers Grove, IL 60515	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.

Robert F. Beckmann, Secretary

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-00

901-820-8400

CR2E034 (9/99)