2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90141 002 ***150.00

DOCUMENT # 684805

1. Entity Name
SERVPRO OF GREATER ORLANDO, INC.

Principal Place of Business	Mailing Address
1231 SEMINOLA BLVD. CASSELBERRY FL 32707-3520 US	1231 SEMINOLA BLVD. CASSELBERRY FL 32707-3520 US

430449

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1251 SEMINOLA BLVD	
Suite, Apt. #, etc. SUITE #200	Suite, Apt. #, etc.
City & State CASSELBERRY, FL	City & State
Zip 32707-3527 Country USA	Zip Country

4. FEI Number 59-2024239 ☐ Applied For ☐ Not Applicable

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
RALEY, WILLIAM 4814 E LAKE DRIVE WINTER SPRINGS FL 32708-4160	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] SARA S RALEY 4-29-02
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, 2002 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	PD RALEY, WILLIAM 4814 E LAKE DR. WINTER SPRINGS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RALEY, SARA S 4814 E. LAKE DRIVE WINTER SPRINGS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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: [signature] REQUIRED SARA S RALEY 4-29-02 407 628-4666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #