

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91798 050 \*\*\*150.00

0075201 AV

**DOCUMENT # 684805**

1. Entity Name  
SERVPRO OF GREATER ORLANDO, INC.



Principal Place of Business  
1251 SEMINOLE BLVD  
SUITE #200  
CASSELBERRY FL 32707-3520  
US

Mailing Address  
1231 SEMINOLA BLVD.  
CASSELBERRY FL 32707-3520  
US



2. Principal Place of Business

1251 SEMINOLA BLVD.

Suite, Apt. #, etc.

3. Mailing Address

1251 SEMINOLA BLVD.

Suite, Apt. #, etc.

SUITE 200

City & State

City & State

4. FEI Number 59-2024239

Applied For  
Not Applicable

☐ CHECK HERE IF MAKING CHANGES

Zip Country  
32707-3527 USA

Zip Country  
32707-3527 USA

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. 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, 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

11. 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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RALEY, SARA S 4814 E. LAKE DRIVE WINTER SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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 empowered.

SIGNATURE:

SARA S. RALEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03 407 628-4666

Date

Daytime Phone #

CR2E034 (10/02)