

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90140 005 ***150.00

DOCUMENT # 852710

1. Entity Name
SERVICEMASTER BY SOMMERS, INC.



Principal Place of Business
255 MANOR DR
2
MERRITT ISLAND FL 32952
US

Mailing Address
1415 MACKERAL AVE
MERRITT ISLAND FL 32952
US



2. Principal Place of Business

3. Mailing Address

255 Manor Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 2

City & State

City & State

Merritt Island, FL

Zip

Country

Zip

Country

32952

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2133795

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

WILCOX, DAVID S.
1415 MACKERAL AVENUE
MERRITT ISLAND FL 32952

1630 Yates Dr
Merritt Island, FL
32952

Name

Street Address (P.O. Box Number is Not Acceptable)

1630 Yates Drive

City

Merritt Island

FL

Zip Code

32952

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	P WILCOX, DAVID S 1415 MACKERAL AVENUE MERRITT ISLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILCOX, JILL N 1415 MACKERAL AVENUE MERRITT ISLAND 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
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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 empowered.

SIGNATURE:

Jill Wilcox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jill Wilcox 2-24-03 321-453-6464

Date

Daytime Phone #

CP2E034 (10/02)