

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90084 026 ***150.00

DOCUMENT # F01000004371



1. Entity Name
NATIONAL SERVICE INDUSTRIES, INC.

Principal Place of Business
**1420 PEACHTREE STREET, N.E.
ATLANTA GA 30309-3002**

Mailing Address
**1420 PEACHTREE STREET, N.E.
ATLANTA GA 30309-3002**



2. Principal Place of Business
1420 PEACHTREE STREET, N.E.

3. Mailing Address
1420 PEACHTREE STREET, N.E.

Suite, Apt. #, etc.
STE 200

Suite, Apt. #, etc.
STE 200

CHECK HERE IF MAKING CHANGES

City & State
ATLANTA GA

City & State
ATLANTA, GA

4. FEI Number **77-0319365**

Applied For
Not Applicable

Zip
30309-3002

Country
USA

Zip
30309-3002

Country
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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 _____ (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	VPTD POPKOWSKI, CHESTER J 1420 PEACHTREE STREET, N.E. ATLANTA GA 30309-3002	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD HATTOX, BROCK A 1420 PEACHTREE STREET, N.E. ATLANTA GA 30309-3002	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD MORGAN, CAROL E 1420 PEACHTREE STREET, N.E. ATLANTA GA 30309-3002	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC LAMINACK, GENE K 1420 PEACHTREE STREET, N.E. ATLANTA GA 30309-3002	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACAS PULLEN, TERA D 1420 PEACHTREE STREET, N.E. ATLANTA GA 30309-3002	<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"/> Change <input type="checkbox"/> Addition
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
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: *Handwritten Signature* **Chester J. Popkowski, CFO** **3/3/03** **404-853-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)