## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # **F93000005383** 1. Entity Name WINTER INDUSTRIAL SERVICES, INC. 04-27-2001 90383 036 \*\*\*150.00 Principal Place of Business Mailing Address 1330 SPRING ST NW 1330 SPRING ST NW ATLANTA GA 30309-2810 ATLANTA GA 30309-2810 00042715 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2077668 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. D TITLE ☐ Delete TITLE ☐ Change ☐ Addition REID, S. BRENT NAME NAME STREET ADDRESS 191 PINE LAKE DR NW STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30327 CITY-ST-ZIP ☐ Delete TIT! F Change ☐ Addition SILVERMAN, ROBERT L NAME 2412 ALTON RD NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30305 CITY-ST-ZIP ST TITLE Delete TITLE Change Addition REID. BRAD STREET ADDRESS 5727 FAIRLEY HALL CT STREET ADDRESS CITY-ST-ZIE NORCROSS GA 30092 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PANTER, LISA NAME NAME STREET ADDRESS 1931 RUGBY AVE STREET ADDRESS CITY-ST-ZIP COLLEGE PARK FL 30337 CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR