

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90142 049 ***150.00

DOCUMENT # L43105

1. Entity Name

SERVPRO OF CENTRAL FLORIDA TRAINERSHIP, INC.

Principal Place of Business

**1231 SEMINOLA BLVD.
 CASSELBERRY FL 32707-3520
 US**

Mailing Address

**1231 SEMINOLA BLVD.
 CASSELBERRY FL 32707-3520
 US**

2. Principal Place of Business

1251 SEMINOLA BLVD

3. Mailing Address

← SAME

Suite, Apt. #, etc.

Suite # 200

Suite, Apt. #, etc.

City & State

Casselberry, FL

City & State

← SAME

4. FEI Number

59-2991413

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

Zip

32707-3527

Country

USA

Zip

← SAME

Country

← SAME

6. Name and Address of Current Registered Agent

**RALEY, SARA S
 4814 E LAKE DR
 WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent

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

Sara S. Raley
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

SARA S. RALEY

4-29-02

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

TITLE **P** ☐ Delete
 NAME **RALEY, WILLIAM H JR**
 STREET ADDRESS **4814 E LAKE DR**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **V** ☐ Delete
 NAME **RALEY, SARA**
 STREET ADDRESS **4814 E LAKE DR**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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

Sara S. Raley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SARA S RALEY

Date

4-29-02

Daytime Phone #

407 628-4666

CR2E034 (9/01)