

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90148 044 ***550.00

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DOCUMENT # P01000037688

1. Entity Name
INDUSTRIAL SERVICE & MAINTENANCE, INC.



Principal Place of Business
**33120 WINDY OAK ST
SORRENTO FL 32776**

Mailing Address
**33120 WINDY OAK ST
SORRENTO FL 32776**

2. Principal Place of Business
33120 Windy Oak St.
Suite, Apt. #, etc.

3. Mailing Address
33120 Windy Oak St.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Sorrento, Fl.

City & State
Sorrento, Fl.

4. FEI Number
59-3710025

Applied For
☐ Not Applicable

Zip
32776

Country
FL

Zip
32776

Country
FL

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GOODBREAD, WILLIAM H
33120 WINDY OAK ST
SORRENTO FL 32776**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **William H Goodbread**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-10-03

**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
**V
POTTER, WILLIAM
1106 WOODBINE ST
FERN PARK FL 32730** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTS
GOODBREAD, WILLIAM H
33120 WINDY OAK ST
SORRENTO FL 32776** ☐ Delete

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

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☐ Change ☐ 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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-03

Date

407-539-4794

Daytime Phone #

CR2E034 (10/02)