

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90092 034 ***150.00

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AV

DOCUMENT # P02000005382

1. Entity Name
W.J.S. SERVICES, INC.



Principal Place of Business
**4490 CRESTWOOD DR
ST PETERSBURG FL 33714**

Mailing Address
**4490 CRESTWOOD DR
ST PETERSBURG FL 33714**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

8253 124 Cir N

Suite, Apt. #, etc.

City & State

Largo FL

City & State

Zip

33773

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0388251

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

**SMITH, WILLIAM JOHN
4490 CRESTWOOD DR
ST PETERSBURG FL 33714**

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

Carolyn S Smith

7/20/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003; Fee will be \$750.00
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
**PD
SMITH, WILLIAM JOHN
4490 CRESTWOOD DR
ST PETERSBURG FL 33714** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**8253 124 Cir N
Largo FL 33773** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SMITH, CAROLYN S
4490 CRESTWOOD DR
ST PETERSBURG FL 33714** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SMITH, CAROLYN S
8253 124 Cir N
Largo FL 33773** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 empowered.

SIGNATURE:

Carolyn S Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/03 727-522-1030

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

90146765
PO2000005382

July 22, 2003

To Whom It May Concern:

We have just received a Uniform Business Report late notice for our corporation. We have received no other notice regarding our UBR report for this year.

As per instructions received when we called the Division of Corporations, we are enclosing our \$150 check for the year 2003.

We pay our bills very promptly and have never had a problem of this nature.

We appreciate your consideration in this matter.

Thank you.