


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Oct 01, 2004 8:00 am
Secretary of State

08-18-2004 90008 013 ***150.00


| | |
|--|---|
| DOCUMENT # P03000070715 |  |
| 1. Entity Name M & D ULTIMATE RESTORATIONS, INC. | |

| | |
|--|--|
| Principal Place of Business 902 LEEVE COURT ALTAMONTE SPRINGS, FL 32714 US | Mailing Address 902 LEEVE COURT ALTAMONTE SPRINGS, FL 32714 US |
|--|--|

| | |
|--|--|
| 2. Principal Place of Business 3366 Players Point Loop Suite, Apt. #, etc. | 3. Mailing Address 3366 Players Point Lp Suite, Apt. #, etc. |
|--|--|

| | |
|-----------------------------------|-----------------------------------|
| City & State Apopka, FL | City & State Apopka, FL |
| Zip 32712 | Zip 32712 |
| Country USA | Country USA |

66434359



09282004 Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 20-0061238 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WILLIAMS, MARK E 902 LEEVE COURT 3366 Players Point Loop ALTAMONTE SPRINGS, FL 32714 Apopka, FL 32712 | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|---|--|
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|---|--|
| TITLE D | <input type="checkbox"/> Delete | TITLE D, C, P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME WILLIAMS, MARK E | | NAME Mark Williams | |
| STREET ADDRESS 902 LEEVE COURT | | STREET ADDRESS 3366 Players Point Loop | |
| CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 | | CITY-ST-ZIP Apopka, FL 32712 | |
| TITLE C, P | <input checked="" type="checkbox"/> Delete | TITLE VP, T, S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME WILLIAMS, MARK E | | NAME Diana Williams | |
| STREET ADDRESS 902 LEEVE COURT | | STREET ADDRESS 3366 Players Point Loop | |
| CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 | | CITY-ST-ZIP Apopka, FL 32712 | |
| TITLE T, S | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME WILLIAMS, MARK E | | NAME | |
| STREET ADDRESS 902 LEEVE COURT | | STREET ADDRESS | |
| CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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: *Diana Williams* 9/28/04 352-315-0565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

WACHOVIA**ONLINE IMAGE****ACCOUNT NUMBER:****2000016923506****Check Number****Amount****Date Posted****3106****\$150.00****08/19/2004**

Attachment
Doc # 03000070715
Close
66434359

M&D ULTIMATE RESTORATIONS INC.
D/B/A SERVICEMASTER DISASTER
RESTORATIVE SERVICES
 P O BOX 357
 APOPKA, FL 32704 0557

24080236 **3106**

DATE Aug 13, 2004

PAY TO THE ORDER OF Florida Department of State

\$ 150.00

One hundred fifty dollars

DOLLARS

WACHOVIA

DEPOSIT ONLY

003106 063107513 2000016923506 0000015000

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT # 100808796
AUG 18 2004

6535623530

6640432880

[Print page](#)[How to save](#)[FAQs](#)



Attachment
66434359

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

August 19, 2004

M & D ULTIMATE RESTORATIONS, INC.
3366 PLAYERS POINT LOOP
APOPKA, FL 32712 US

Subject: M & D ULTIMATE RESTORATIONS, INC.

Reference Number: P03000070715

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-
1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RH

ANNUAL REPORTS SECTION

**ServiceMASTER
Clean**

Attach ment
003000050715
Disaster Restoration &
Residential/Commercial
Cleaning Services

ServiceMaster Disaster
Restorative Services
P.O. Box 957
Apopka, FL 32704-0957
352/315-0565
Fax: 407/814-0279
Email: svmbymnd@cfl.rr.com

6643135



A Quality Restoration Vendor

September 28, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

On August 3, 2004 while meeting with my CPA, he had asked me if I had filed for my annual report. Having been a business owner for just one year now, I was not aware of this form, and my CPA had explained that it is sent out each year and due with a payment of \$150.00 due by May 1. I had explained to him I had never received any notification of this fee being due, and most likely because we had moved in early spring of this year.

My CPA printed off an Annual Report form and I mailed it off that same day with a check for \$150 and a letter explaining that I had never received a post card for this fee notification.

I have now received a letter that states that you've received my \$150 but \$400 is still due. I called your office and was told to print off another report, make the changes again, and send a letter explaining that I never received this post card and to please accept my \$150 (already received, please see copy of check cashed) and forgive the \$400 due. I noticed on this Annual report that it states \$150 due by 9/8/04 You received my annual report and \$150 on 8/13/04.

Please help me with this. Now I will know to expect this post card in the mail, and to download the form if not received by May of next year.

Please call me if you have any questions at 352-315-0565.

Thank you for anything you can do !

Sincerely,

Diana Williams
Diana Williams

Owner

M&D Ultimate Restorations, Inc.

A **ServiceMASTER**
BRAND