

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 22, 2000 08:00 AM****Secretary of State****DOCUMENT # P13659**

1. Entity Name

WILLIAMS INDUSTRIAL SERVICES, INC.

Principal Place of Business

2076 W PARK PL

STONE MOUNTAIN  
30087

GA

Mailing Address

C/O IVOR LONGO, ESQ.  
2076 WEST PARK PLACE  
STONE MOUNTAIN  
30087

GA

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

C/O DAVID K. BAXTER, ESQ.

Suite, Apt. #, etc.  
2076 WEST PARK PLACE

City &amp; State

City & State  
STONE MOUNTAIN

GA

Zip

Country

Zip

Country

30087

4. FEI Number

**58-1529405**

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROADPLANTATION  
33324

US

FL

**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

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

(NOTE: Registered Agent signature required when reinstating)

**02/22/2000**

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, 2000 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 D ☐ Delete  
NAME WILLIAMS VIRGIL R  
STREET ADDRESS 2076 W PARK PLACE  
CITY-ST-ZIP STONE MOUNTAIN GA 300873533TITLE D ☐ Delete  
NAME JR. WILLIAMS, J.M.  
STREET ADDRESS 2076 WEST PARK PLACE  
CITY-ST-ZIP STONE MOUNTAIN GA 30087TITLE S ☐ Delete  
NAME BROWN WILLIAM  
STREET ADDRESS 2076 W PARK PL  
CITY-ST-ZIP STONE MOUNTAIN GA 30087TITLE P ☐ Delete  
NAME CONWAY R E  
STREET ADDRESS 2076 W PARK PL  
CITY-ST-ZIP STONE MOUNTAIN GA 30087TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE S ☒ Change ☐ Addition  
NAME MASON JOE A  
STREET ADDRESS 2076 W PARK PL  
CITY-ST-ZIP STONE MOUNTAIN GA 30087TITLE P ☒ Change ☐ Addition  
NAME WILES J. LOWELL  
STREET ADDRESS 2076 W PARK PL  
CITY-ST-ZIP STONE MOUNTAIN GA 30087TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: J. LOWELL WILES

R

02/22/2000