2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

3. Mailing Address

c/o D. K.

Suite, Apt. #, etc.

C/O DAVID K. BAXTER, ESQ.

STONE MOUNTAIN GA 30087

2076 WEST PARK PLACE

P13659 DOCUMENT

1. Entity Name

2076 W PARK PL

Principal Place of Business

STONE MOUNTAIN GA 30087

2. Principal Place of Business

Suite, Apt. #, etc.

2075 West Park Place

WILLIAMS INDUSTRIAL SERVICES, INC.



Mar 21, 2003 8:00 am 8
Secretary of State **FILED**

03-21-2003 90078 031 ***150.00

人民國 医异氯化甲基甲



Suite, Apt. #, etc.		Suite, Apt. #, etc. 2076 West Park Place			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State			I Number FO_1FOO4OF		Applied For
Stone Mount	Stone Mounta	one Mountain, GA			58-1529405		Not Applicable	
Zip 30087-3530	Country	Zip Coun 30087-3530		5. Certificate of Status Desired		ertificate of Status Desired	\$8.75 Fee Rec	Additional juired
6. Name and Address of Current Registered Agent			<u> </u>	7. Name and Address of New Registered Agent				
			N	ame	à	•		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33			ļ					
PEANTAHOR PE 600)_T		С	ity			FL Zip	Code
The above named entity	ty submits this statement for	the purpose of changing its	registered o	ffice or regist	ered ager	nt, or both, in the State of Florida		vith, and accept
the obligations of regis		the purpose of energing he	rogistores e		o. oa ago.		,	
SIGNATURE								
Signature, type	d or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Age	nt signature requir	ed when reins	stating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Finance Trust Fund Contribution.		5.00 May Be dded to Fees
10.	OFFICERS AND I	DIRECTORS	11.		ADD	ITIONS/CHANGES TO OFFICE	RS AND DIRECT	ORS IN 11
TITLE P	□ Doloto		TITLE	l (⊂ Char	nge 🔲 Addition	
	S, JAMES M JR.		NAME					
				DRESS				
			CITY-ST-Z	ar				
UTLE S	S JEDALD II	☐ Delete	TITLE NAME				☐ Char	nge
NAME WILLIAMS STREET ADDRESS 2076 W I	S, JERALD H		STREET AD	IDRESS				
	STONE MOUNTAIN GA 30087		CITY-ST-ZIP					
TITLE D			TITLE				☐ Char	nge 🔲 Addition
1 -	AMS, J.M.	☐ Delete	NAME					, _
	ST PARK PLACE		STREET AD	DRESS				
	OUNTAIN GA 30087		CITY-ST-2	ZIP				
TITLE D		☐ Delete	TITLE				☐ Char	nge 🔲 Addition
	S, VIRGIL R		NAME					
	PARK PLACE		STREET AD	· · ·				
CITY-ST-ZIP STONE N	OUNTAIN GA 30087-35	33	CITY-ST-2	ZIP				
TITLE		☐ Delete	TITLE				☐ Char	nge 🗌 Addition
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STREET ADDRESS			CITY-ST-Z					
TITLE		Delete	TITLE				☐ Char	nge
NAME			NAME					
STREET ADDRÉSS			STREET AD	DRESS				
CITY-ST-ZIP			CITY-ST-2	ZIP				
12. I hereby certify that the	ne information supplied with	this filing does not qualify fo	r the exempti	ion stated in S	Section 11	9.07(3)(i), Florida Statutes. I fur	ther certify that t	he 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

(Legal りきりぜ:")