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(5/01)

**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Aug 08, 2001 8:00 am Secretary of State DOCUMENT # P95000060047 1. Entity Name SERVPRO OF WEST PALM BEACH, INC. 08-08-2001 90141 036 \*\*\*550.00 Principal Place of Business Mailing Address 12679 WHITE CORAL DRIVE 12679 WHITE CORAL DRIVE WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0609045 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ~ ~ [ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, WAYNE R Street Address (P.O. Box Number is Not Acceptable) 12679 WHITE CORAL DRIVE WEST PALM BEACH FL 33414 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition WILLIAMS, WAYNE R NAME 12679 WHITE CORAL DRIVE STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33414 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition ( NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition

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

NAME

TITLE

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Milliague Williams

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Change

☐ Addition