

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90128 015 \*\*\*550.00

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**DOCUMENT # P95000060047**

1. Entity Name

SERVPRO OF WEST PALM BEACH, INC.



Principal Place of Business  
12679 WHITE CORAL DRIVE  
WEST PALM BEACH FL 33414

Mailing Address  
12679 WHITE CORAL DRIVE  
WEST PALM BEACH FL 33414

2. Principal Place of Business

3. Mailing Address

11420 Fortune Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Wellington FL

Zip

Country

Zip

Country

33414

Blm Bldg

4. FEI Number 65-0609045

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, WAYNE R  
12679 WHITE CORAL DRIVE  
WEST PALM BEACH FL 33414

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

*Wayne R Williams*

9-6-03

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	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, WAYNE R	
STREET ADDRESS	12679 WHITE CORAL DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WILLIAMS, DOREEN	
STREET ADDRESS	12679 WHITE CORAL DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

*Wayne R Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-03

Date

Daytime Phone #

CR2E034 (4/03)