## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** May 09, 2001 8:00 am Secretary of State DOCUMENT # P95000080373 1. Entity Name SERVICE MASTER SYSTEMS, INC. 05-09-2001 90003 025 \*\*\*150.00 Principal Place of Business Mailing Address 190 VENETIAN DR. P.O. BOX 540237 ISLAMORADA FL 33036 LAKE WORTH FL 33454 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 65-0616041 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \_\_ [ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LANIGAN, JONATHAN Street Address (P.O. Box Number is Not Acceptable) 190 VENETIAN DR. ISLAMORADA FL 33036 Zip Code FL 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change ☐ Delete TITLE TITLE D NAME NAME LANIGAN, JONATHAN STREET ADDRESS STREET ADDRESS 190 VENETIAN DR. CITY-ST-ZIP CITY-ST-ZIP ISLAMORADA FL 33036 Maddition Addition Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 supplied ental 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 region 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 attach part with an address, with all other like empowered.

Date

Daytime Phone #