

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91439 019 ***150.00

DOCUMENT # P95000080373

1. Entity Name
SERVICE MASTER SYSTEMS, INC.



Principal Place of Business
190 VENETIAN DR.
ISLAMORADA FL 33036

Mailing Address
P.O. BOX 540237
LAKE WORTH FL 33454
US

2. Principal Place of Business

1808 Clare Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State
West Palm Beach, FL

City & State

4. FEI Number
65-0616041

Applied For
Not Applicable

Zip
33401

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

LANIGAN, JONATHAN
190 VENETIAN DR.
ISLAMORADA FL 33036

7. Name and Address of New Registered Agent

Name
Jonathan Lanigan
Street Address (P.O. Box Number is Not Acceptable)
1808 Clare Ave
City
West Palm Beach FL
Zip Code
33401

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

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
After May 1, 2003 Fee will be \$550.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LANIGAN, JONATHAN
190 VENETIAN DR.
ISLAMORADA FL 33036

☐ **Delete**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Jonathan Lanigan
1808 Clare Ave
West Palm Beach, FL 33401

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

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☐ **Change** ☐ **Addition**

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☐ **Delete**

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☐ **Change** ☐ **Addition**

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☐ **Delete**

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☐ **Change** ☐ **Addition**

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)