2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P97000004292

INDUSTRIAL GROUNDS MAINTENANCE, INC.

Principal Place of Business

Mailing Address

Zip

32457

4211 RIDGELAND DRIVE

32457

9TH FLOOR

CITY

MITCHELL, WILLIAM R

PENSACOLA FL 32501

220 WEST GARDEN ST. SUN TRUST TOWER

1. Entity Name

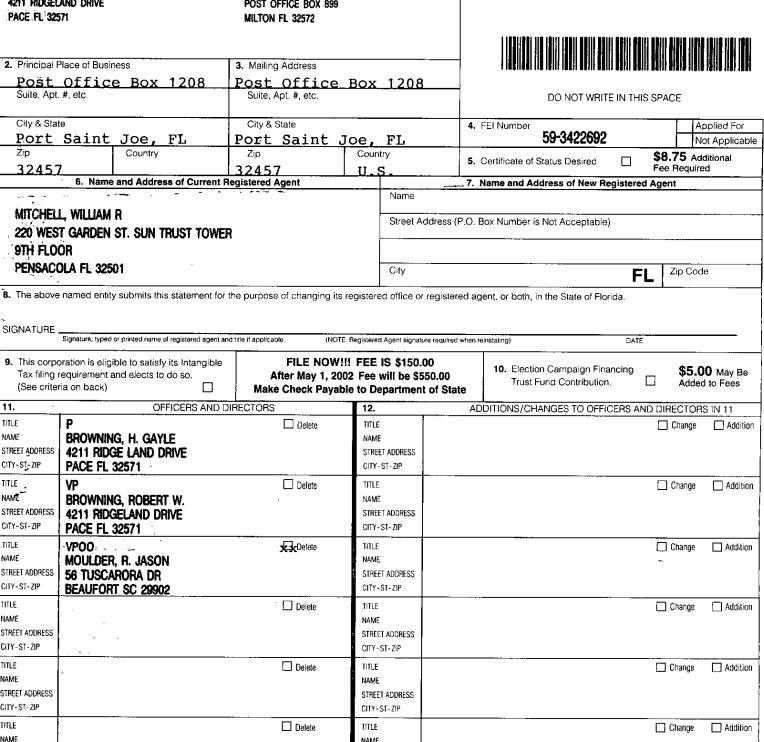
POST OFFICE BOX 899

PACE FL 32571	MILTON FL 32572		
2. Principal Place of Business	3. Mailing Address		
Post Office Box 1208	Post Office Box 1208		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Port Saint Joe, FL	Port Saint Joe, FL		

6. Name and Address of Current Registered Agent



09-12-2002 90065 006 ***550.00



SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After May 1, 200	!! FEE IS \$150.00 02 Fee will be \$550.00 le to Department of State	10. Election Campaign Financing Trust Fund Contribution.		May Be I to Fees	
11.	OFFICERS AND DIR	ECTORS	12. Al	DDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWNING, H. GAYLE 4211 RIDGE LAND DRIVE PACE FL 32571	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	VP BROWNING, ROBERT W. 4211 RIDGELAND DRIVE PACE FL 32571	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
.TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPOO: MOULDER, R. JASON 56 TUSCARORA DR BEAUFORT SC 29902	₹¥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 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	
of the cor	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with in address, with	and accurate and that my	v signature shall have the same.	legal effect as if made under oath: that	t Lam an officer i	or director	

Country

Name

City

1/10/02