

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90065 006 ***550.00

DOCUMENT # P97000004292

1. Entity Name

INDUSTRIAL GROUNDS MAINTENANCE, INC.

Principal Place of Business

**4211 RIDGELAND DRIVE
 PACE FL 32571**

Mailing Address

**POST OFFICE BOX 899
 MILTON FL 32572**

2. Principal Place of Business

Post Office Box 1208

Suite, Apt. #, etc.

3. Mailing Address

Post Office Box 1208

Suite, Apt. #, etc.

City & State

Port Saint Joe, FL

City & State

Port Saint Joe, FL

Zip

32457

Country

Zip

32457

Country

U.S.

4. FEI Number

59-3422692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

MITCHELL, WILLIAM R

220 WEST GARDEN ST. SUN TRUST TOWER

9TH FLOOR

PENSACOLA FL 32501

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **BROWNING, H. GAYLE**
 STREET ADDRESS **4211 RIDGE LAND DRIVE**
 CITY-ST-ZIP **PACE FL 32571**

TITLE **VP** ☐ Delete
 NAME **BROWNING, ROBERT W.**
 STREET ADDRESS **4211 RIDGELAND DRIVE**
 CITY-ST-ZIP **PACE FL 32571**

TITLE **VPOO** ☒ Delete
 NAME **MOULDER, R. JASON**
 STREET ADDRESS **56 TUSCARORA DR**
 CITY-ST-ZIP **BEAUFORT SC 29902**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/02

Date

850/229-2999

Daytime Phone #

CR2E034 (9/01)