

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**  
 04-21-2002 90862 005 \*\*\*150.00

04/21/02 AV

**DOCUMENT # P98000015479**

**1. Entity Name**  
**SERVPRO OF FT. MYERS SOUTH, INC.**

**Principal Place of Business**

**5760 YOUNGQUIST ROAD  
 UNIT 6  
 FORT MYERS FL 33912**

**Mailing Address**

**5760 YOUNGQUIST ROAD  
 UNIT 6  
 FORT MYERS FL 33912**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**65-0818110**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
 Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WOJCIK, GERALD**

~~1623 DEL MONTE COURT~~

~~VENICE FL 34292~~

*3425 SE 22nd Ave  
 Cape Coral, FL 33904*

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WOJCIK, GERALD</b>	
STREET ADDRESS	<del>1623 DEL MONTE COURT</del>	<i>3425 SE 22nd Ave</i>
CITY-ST-ZIP	<del>VENICE FL 34292</del>	<i>Cape Coral, FL 33904</i>
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WOJCIK, MICHELLE</b>	
STREET ADDRESS	<del>1623 DEL MONTE COURT</del>	<i>3425 SE 22nd Ave</i>
CITY-ST-ZIP	<del>VENICE FL 34292</del>	<i>Cape Coral, FL 33904</i>
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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	

**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

*Michelle Wojcik* *4/4/02*

Date

Daytime Phone #

CR2E034 (9/01)