

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(j), 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 empowerers.

SIGNATURE:

*Michelle Wojcik* 4/4/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Wojcik Michelle

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 SEP 24 PM 12:01

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-09/27/02--01065--017  
\*\*\*\*165.00 \*\*\*\*165.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

**of Ft. Myers South**

9131 College Pkwy Suite 13 B - Box 131, Ft. Myers, FL 33919 (239) 590-6361 Fax: 540-4701

September 11, 2002


Florida Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399  
Attn: Pat Bailey

RE: Document # P98000015479

Dear Pat Bailey,

I have just received this notice of our corporation being dissolved, I have not received anything prior to this notice, we have moved to a different location and I was out of the office for several months for I just had a baby. Had I known about this check I would have taken care of it right away. I sincerely apologize. I would like to get the corporation reinstated. Thank you very much.

Sincerely,



Michelle Wojcik