

FILED
Jun 11, 2002 8:00 am
Secretary of State

05-15-2002 90071 011 ***150.00

2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097875

1. Entity Name

Spring-Fresh Janitorial Inc

- 34828

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6870 103RD ST

Suite, Apt. #, etc.

APT 815

City & State

JACKSONVILLE FL

Zip

32210

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3679071

Applicable For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name ORTIZ, WILLIAM

Street Address (P.O. Box Number is Not Acceptable)
6870 103RD ST- APT 815

City JACKSONVILLE FL Zip Code 32210

DO NOT WRITE
IN THIS SPACE

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 fee if applicable.

(NOTE: Registered Agent Signature required when registering)

DATE

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

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME ORTIZ, WILLIAM
STREET ADDRESS 6870 103RD ST, APT 815
CITY-STATE-ZIP JACKSONVILLE FL 32210

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STREET ADDRESS
CITY-STATE-ZIP

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IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William Ortiz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

904
10614009
License Number

Attachment 34828

#P00000097875/

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAPLIN - Director Charles Mitchell 2945 W 7th St JACKSONVILLE, FL 32254	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST CHAPLIN Director Earl Lang 5634 Astor Pl #4 JACKSONVILLE, FL 32208	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGT. AT ARMS - Director Bernard Steven 1559 Henderson Rd JACKSONVILLE, FL 32208	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARLIAMENTARIAN - Director Larry Noratz 7214 Linva Dr. JACKSONVILLE, FL 32208	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. PARLIAMENTARIAN - Director Freddie Kelly 5307 Archerly Ave JACKSONVILLE, FL 32208	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037B (12/01)