04/29/2003 12:54 FAX 9042624585 BEIR&FISCHER

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May 01, 2003 8:00 am
Secretary of State
05-01-2003 90370 044 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097875

1. Entity Name
SPRING-FRESH JANITORIAL, INC.

Principal Place of Business	Mailing Address
6870 103RD STREET, APT.815 JACKSONVILLE, FL 32210	6870 103RD STREET, APT.815 JACKSONVILLE, FL 32210

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
9675 OLD BAYMEADOWS Rd	9675 OLD BAYMEADOWS Rd
Suite, Apt. #, etc. # 98	Suite, Apt. #, etc. 98
City & State Jacksonville Fl.	City & State Jacksonville Fl.
Zip 32256 Country DUVAL	Zip 32256 Country DUVAL

4. FEI Number 59-3679071 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, WILLIAM
6870 103RD STREET, APT. 815
JACKSONVILLE, FL 32210

William Ortiz
9675 Old Baymeadows rd # 98
Jacksonville, Fl 32256

7. Name and Address of New Registered Agent

Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete ORTIZ, WILLIAM 6870 103RD STREET, APT. 605 JACKSONVILLE, FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ☐ Delete ORTIZ, WILLIAM 6870 103RD STREET, APT. 605 JACKSONVILLE, FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Ortiz 4/28/03 904 104 4009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #