

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90800 007 ***150.00

DOCUMENT # P94000003277

1. Entity Name

PRO-CLEAN JANITORIAL SYSTEM, INC.

Principal Place of Business

Mailing Address

4411 BEE RIDGE ROAD
SUITE 401
SARASOTA FL 342334411 BEE RIDGE ROAD
SUITE 401
SARASOTA FL 34233-2514**658953**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0431080

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

HAY, LINCOLN S
7327 PALOMINO TRAIL
SARASOTA FL 34241

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	P			☐ Delete					☐ Change ☐ Addition
	HAY, LINCOLN S	7327 PALOMINO TRAIL	SARASOTA FL						
	VPT			☐ Delete					☐ Change ☐ Addition
	HAY, YVONNE C	7327 PALOMINO TRAIL	SARASOTA FL						
	VP			☐ Delete					☐ Change ☐ Addition
	OLLAR, SCOTT	50 PINTAIL LANE	KEARNEYSVILLE WV						
	S			☐ Delete					☐ Change ☐ Addition
	OLLAR, CECILE	50 PINTAIL LANE	KEARNEYSVILLE WV						
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition

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

Date

Daytime Phone #

LINCOLN S. HAY President 4/26/00 (941) 745-7157