

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91126 021 ***150.00

DOCUMENT # P94000003277

1. Entity Name

PRO-CLEAN JANITORIAL SYSTEM, INC.

Principal Place of Business

**4411 BEE RIDGE ROAD
 SUITE 401
 SARASOTA FL 34233**

Mailing Address

**4411 BEE RIDGE ROAD
 SUITE 401
 SARASOTA FL 34233**

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 **65-0431080**

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

**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

25 APRIL 01

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, 2001 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	P	☐ Delete
NAME	HAY, LINCOLN S	
STREET ADDRESS	7327 PALOMINO TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VPT	☐ Delete
NAME	HAY, YVONNE C	
STREET ADDRESS	7327 PALOMINO TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	☐ Delete
NAME	OLLAR, SCOTT	
STREET ADDRESS	50 PINTAIL LANE	
CITY-ST-ZIP	KEARNEYSVILLE WV	
TITLE	S	☐ Delete
NAME	OLLAR, CECILE	
STREET ADDRESS	50 PINTAIL LANE	
CITY-ST-ZIP	KEARNEYSVILLE WV	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V P	☒ Change ☐ Addition
NAME	OLLAR, SCOTT	
STREET ADDRESS	7327 PALOMINO TR.	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	S	☒ Change ☐ Addition
NAME	OLLAR, CECILE	
STREET ADDRESS	7327 PALOMINO TR.	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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

Date

Daytime Phone #

LINCOLN S. HAY 25 APRIL 01 745-7157

CR2E034 (10/00)