

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

038870

DOCUMENT # P98000008861

1. Entity Name
JANITORS USA INC.

04-02-2001 90359 039 ***150.00

Principal Place of Business
2300 2ND STREET SOUTH
ST. PETERSBURG FL 33705

Mailing Address
19321-C US HWY 19N
STE 601
CLEARWATER FL 33764

818758



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2601 FLORIDA AVE. S.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
ST PETERSBURG FL

City & State

4. FEI Number **59-3488191**

Applied For
 Not Applicable

Zip
33705

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

BABULA, KRZYSZTOF
2300 2ND STREET SOUTH
ST. PETERSBURG FL 33705

Name
 Street Address (P.O. Box Number is Not Acceptable)
2601 FLORIDA AVE. S

City **ST PETERSBURG FL** Zip Code **33705**

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

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 Delete
P
 NAME **BABULA, KRZYSZTOF**
 STREET ADDRESS **2300 2ND STREET SOUTH**
 CITY-ST-ZIP **ST. PETERSBURG FL 33705**

Change Addition
 TITLE
 NAME
 STREET ADDRESS **2601 FLORIDA AVE S**
 CITY-ST-ZIP **ST PETERSBURG FL 33705**

TITLE Delete
VP
 NAME **BROOKS, AGNIESZKA**
 STREET ADDRESS **2300 2ND STREET SOUTH**
 CITY-ST-ZIP **ST. PETERSBURG FL 33705**

Change Addition
 TITLE
 NAME
 STREET ADDRESS **2601 FLORIDA AVE S**
 CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE Delete

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

TITLE 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: *A. Brooks*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)