## FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT	(UBR)	The state of the s	
DOCUMENT #  I. Entity Name  DO200037740	, :	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	• .
Ige's Janiforial Service Inc.		03 SEP 26 PM 4: 27	
DO NOT WRITE IN THIS SP	ACE		•
Principal Place of Business  A. Maijing Address  A. Maijing A. Maijing Address  A. Maijing		REINSTATEME	THE ME ASSET THE PARTY OF THE PARTY.
Y.O. 1903 3 110 (1) Suite, Apt. #, etc.		DO NOT WRITE IN THIS	SPACE
City & State  City & State		4. FEI Number	Applied For Not Applicable
313610 Country Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent			
DO NOT WRITE  IN THIS SPACE  Street Address (P.C.)		P.O. Box Nutriber in Not Acceptable)	
		1. 4017aT.	
	City C	<del>-   Fl</del>	- 2000de D
3. The above named entity submits this statement for the purpose of changing its r	egistered office or registe	red agent, or both, in the State of Florida.	130010
SIGNATURE (Next en 9/36/03			
Manuary 4 Mar	Registered Agent signature require ay 1 Fee is \$150.00	d when reinstating) DATE	
Tax filing requirement and elects to do so.  (See criteria on back)  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Department of State			
1. OFFICERS AND DIRECTORS	TITLE		
TREET ADDRESS 4UIL N. USA ST-	NAME STREET ADDRESS CHY-ST-ZIP	0000235367 10/03/0301021002	**211.25
THE Chargene Ley V. Pres.	TITLE NAME	*	
TREET ADDRESS TYPY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		
ITLE AME	TITLE NAME		
TREET ADDRESS	STREET ADDRESS CITY-ST-ZIP	DO NOT WR	TE
TLE	TITLE	IN THIS SPA	CF
AME Treet address	NAME STREET ADDRESS		
ITY-ST-ZIP  ITLE	CITY-ST-ZIP	*	
AME TREET ADDRESS	NAME STREET ADDRESS	w	1
ITY-ST-ZIP	City-ST-ZIP		
ITLE AME	TITLE NAME	v.	
TREET ADDRESS ITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		
<ol><li>I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that my</li></ol>	signature shall have the	same legal effect as if made under path; that I	am an officer or director
of the corporation or the receiver or trustee empowered to execute this report attachment with an address, with all other like empowered.	as required by Chapter 6	107, Florida Statutes; and that my name appear	rs in Block 11 or on an
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF	OIRECTOR 4	26/03 813-7	7-8995 Daytime Phone #
SIGNATURE AND TIFED OR PRINTED NAME OF SIGNING OFFICER OF	· umcurum	Date	Paymine choice #

I, Eddie Levy did not receive my First or second notices for Jae's Janitarial Service INC. # Po2 000037740 + Tampa Buy Buildays INC # NO2000002527.

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