2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # 429310** Mar 20, 2000 8:00 am Secretary of State 1. Entity Name RELIABLE JANITORIAL SERVICE, INC. 03-20-2000 90102 021 ***158.75 Principal Place of Business Mailing Address 913 NORTH "P" STREET 913 NORTH "P" STREET PENSACOLA FL 32505-7107 PENSACOLA FL 32505 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1481812 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORRISSETTE, SAMUEL L. Street Address (P.O. Box Number is Not Acceptable) 3800 FLINTWOOD RD. PENSACOLA FL 32504 City Zip Code 8. The above named entity submit his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE me of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ■ Addition CR2E034 (9/99 ☐ Delete TITLE TITLE MORRISSETTE, SAMUEL L NAME NAME 3800 FLINTWOOD RD. STREET ADDRESS STREET ADDRESS PENSACOLA, FL 00000 CITY-ST-ZIP CITY-ST-ZIP ☐ De ete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition⁻ TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

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 appears, with all other like empowered.

DECUISEL. Morrissette

GNAPURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/2000

850-438-8606

Daytime Phone #