

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90192 028 ***150.00

DOCUMENT # 429310

1. Entity Name
RELIABLE JANITORIAL SERVICE, INC.



Principal Place of Business
**913 NORTH "P" STREET
PENSACOLA FL 32505**

Mailing Address
**913 NORTH "P" STREET
PENSACOLA FL 32505**

2. Principal Place of Business
3800 FLINTWOOD ROAD

3. Mailing Address
3800 FLINTWOOD ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PENSACOLA, FL

City & State
PENSACOLA, FL

4. FEI Number **59-1481812**

Applied For
Not Applicable

Zip
32504

Country

Zip
32504

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MORRISSETTE, SAMUEL L.
3800 FLINTWOOD RD.
PENSACOLA FL 32504**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MORRISSETTE, SAMUEL L**
STREET ADDRESS **3800 FLINTWOOD RD.**
CITY-ST-ZIP **PENSACOLA, FL 00000**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with other like empowered.

SIGNATURE **Samuel L. Morrisette**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/03 850-476-7474
Date Daytime Phone #

CR2E034 (10/02)