## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 18, 2001 8:00 am Secretary of State **DOCUMENT # 609256** 05-18-2001 91570 038 \*\*\*150.00 FLORIDA JANITOR SUPPLY COMPANY Principal Place of Business Mailing Address 2400 W-04711 ST 2400 W 84TH ST 768113 SUFFE-17 SHITE 17 HIALEAH FL 33016 HIALEAH FL 33016 U\$ 2. Principal Place of Business 2699 W 79 5 3. Mailing Address 2699 - W 79 sr DO NOT WRITE IN THIS SPACE y & State IALCAH 4. FEI Number Applied For PL 59-1882257 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YOUNG, FREDRICK J. Street Address (P.O. Box Number is Not Acceptable) 12223 SW 107TH CT. MIAMI FL 33176 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 DATE (NOTE: Registered Agent signature required when revisigling) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State - OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 -11. TITLE ☐ Change ■ Addition CR2E034 (10/00) TITLE Delete REDRICK ADAMS, JOHN H NAME NAME 2223 STREET ADDRESS STREET ADDRESS 10100 HILLVIEW RD., APT 334 CITY-ST-ZIP CMY-ST-ZIP PENSACOLA FL 32514 Change TITLE PRESIDENT FREDRICK J. ■ Addition STD TITLE Detete ADAMS, E.C. NAME NAME STREET ADDRESS 10100 HILLVIEW RD., APT 334 STREET ADDRESS 12223 SW 107 CT 37176 MIAMIL CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32514 SECRETARY TITLE Addition VPD ☐ Change TITLE Delete 12 YOUNG SW 107 CT RL 33176 KATHRYN SW YOUNG, FREDRICK J. NAME NAME -STREET ADDRESS 12223 SW 107TH CT. STREET ADDRES MIAMI. CITY-ST-7IP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-702 CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-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 turther 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. FREDRICK J. 305-536-2121 SIGNATURE: Daytime Phone #

FILED