

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90109 001 \*\*\*155.00  
 02-07-2002 90109 002 \*\*\*\*\*8.75

**DOCUMENT # G27923**

**1. Entity Name**  
**ACTION JANITORIAL & MAINTENANCE INC.**

**Principal Place of Business**  
**P.O. BOX 1905**  
**POMPANO BEACH FL 33061**

**Mailing Address**  
**P.O. BOX 1905**  
**POMPANO BEACH FL 33061**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**2410 PINE TREE DRIVE**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**P.O. BOX 1905**  
 Suite, Apt. #, etc.

**City & State**  
**MIRAMAR FLORIDA**  
**Zip 33023**  
**Country U.S.A.**

**City & State**  
**POMPANO BEACH FLORIDA**  
**Zip 33061**  
**Country U.S.A.**

**4. FEI Number** **59-2277298**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**DOWD, WILLIAM**  
**4848 NE 23 AVE., #3A**  
**FT. LAUDERDALE FL 33308**

**7. Name and Address of New Registered Agent**

**Name** **SHAWN P. GREGORY**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**2410 PINE TREE DRIVE**  
**City MIRAMAR FL Zip Code 33023**

**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**  **SHAWN P GREGORY PRESIDENT + OWNER** **1/20/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>WILLIAM DOWD</b>
<b>STREET ADDRESS</b>	<b>4848 N.E. 23RD AVE #3A</b>
<b>CITY-ST-ZIP</b>	<b>FT. LAUDERDALE FL 33308</b>
<b>TITLE</b>	<b>SECRETARY</b> <input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>ELENE DOWD</b>
<b>STREET ADDRESS</b>	<b>4848 N.E. 23RD AVE #3A</b>
<b>CITY-ST-ZIP</b>	<b>FT. LAUDERDALE FL 33308</b>
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PRESIDENT / OWNER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>SHAWN P. GREGORY</b>
<b>STREET ADDRESS</b>	<b>2410 PINE TREE DR.</b>
<b>CITY-ST-ZIP</b>	<b>MIRAMAR FL 33023</b>
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:**  **SIGNATURE REQUIRED** **SHAWN P. GREGORY** **1/20/02** **954 986 9174**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)