## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

G95259 DOCUMENT #

2. Principal Place of Business

Suite, Apt. #, etc.

MARKS, ROBERT A.

7121 E CYPRESSHEAD DR PARKLAND FL 33067

City & State

Zip

A.C.T. JANITORIAL SERVICES COMPANY, INC.

Country

6. Name and Address of Current Registered Agent

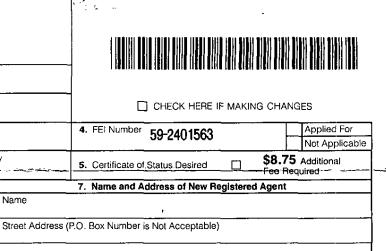
Signature Typed of printed name of registered agent and title if applicable

Mailing Address POMPANO BEACH FL 33069 POMPANO BEACH FL 33069



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90546 032 \*\*\*150.00



DATE

8. The above pamed 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.

Country

Name

(NOTE: Registered Agent signature required when reinstating)

FEELS \$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

Zip Code

OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change TITI F ☐ Delete Addition TITLE MARKS, ROBERT A. NAME NAME 7121 E CYPRESSHEAD DR STREET ADDRESS STREET ADDRESS PARKLAND FL CITY-ST-ZIP CITY-ST-ZIP DVS ☐ Delete TITLE TITLE ☐ Change ☐ Addition SEFTON, ERWIN S. NAME NAME 8479 NW 2ND ST. STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receiver 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 attachmen an address, with all other like empowered

SIGNATURE: