2002 Uniform Business Report (UBR)

Apr 11, 2002 8:00 am Secretary of State DOCUMENT # H59729 1. Entity Name 04-11-2002 90780 043 ***158.75 B & K JANITORIAL SERVICES, INC. Mailing Address Principal Place of Business 1238 LILA AVENUE 1238 LILA AVENUE JACKSONVILLE FL 32208-3551 JACKSONVILLE FL 32208-3551 HS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEi Number Applied For City & State City & State 59-2541451 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REN VI. Name KERSEY, BENJAMIN G. KERSEY JR. Street Address (P.O. Box Number is Not Acceptable) 2007 FOXWOOD DRIVE **ORANGE PARK FL 32073** City 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. **\$IGNATURE** Signature, typed or printed name 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 After May 1, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01)☐ Change ☐ Addition **PCT** TITLE ☐ Delete TITLE NAME Kersey, Benjamin G. Jr. NAME 2007 FOXWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP ORANGE PARK FL 32073-5104 CITY-ST-ZIF ☐ Change ☐ Addition TITLE **VSM** ☐ Delete TITLE NAME BENTLEY, JULIA W. NAME STREET ADDRESS 8405 FINCH AVENUE, EAST STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32219 CITY-ST-ZIP [] Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET-ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □□ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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 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: