

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90034 034 ***158.75

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DOCUMENT #

H99623

1. Entity Name

~~BLO-N-VAC, INC.~~

PROPERTY CARE SPECIALISTS, INC.

Principal Place of Business

2004 FLORIDA STREET
 VALRICO FL 33594
 US

Mailing Address

3612 OVERSTREET LANE
 VALRICO FL 33594-8002
 US

00058667

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3604 OVERSTREET LANE

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2653692

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JALO, JOHN F.
 3612 OVERSTREET LANE
 VALRICO FL 33594 - 8002

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.

SIGNATURE

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VD
 JALO, JOHN F.
 3612 OVERSTREET LANE
 VALRICO FL 33594-8002

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PD
 RUSTENBERGHE, RUARDUS M.
 228 NORTH DOVER ROAD
 DOVER FL 33527

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

SD
 JALO, CLAUDIA M.
 3612 OVERSTREET LANE
 VALRICO FL 33594-8002

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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

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

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 NAME
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02
 Date

(813) 654-3143
 Daytime Phone #

CR2E034 (9/01)