

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J65672

1. Entity Name

BUDGET JANITORIAL AND MAINTENANCE, INC.

Principal Place of Business

5305 CHRISTIANCY AVE
302 AUTUMN TRAIL
PORT ORANGE FL 32127
US

Mailing Address

PO BOX 4861
PORT ORANGE FL 32121
US

2. Principal Place of Business

486 Dawnview Sq.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4861

Suite, Apt. #, etc.

City & State

Port Orange, FL 32127

Zip
32127

Country
U.S.

City & State

South Daytona, FLORIDA

Zip
32121

Country
US

4. FEI Number

59-2768356

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BISESI, THOMAS S
5305 CHRISTIANCY AVE
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

Name

Bisesi, Thomas S

Street Address (P.O. Box Number is Not Acceptable)

486 Dawnview Sq.

City

Port Orange

FL

Zip Code
32127

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, 2001 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 PD ☐ Delete
NAME BISESI, THOMAS S.
STREET ADDRESS 5305 CHRISTIANCY AVE
CITY-ST-ZIP PORT ORANGE FL

TITLE TD ☐ Delete
NAME BISESI, MARILYN
STREET ADDRESS 5305 CHRISTIANCY AVE
CITY-ST-ZIP PORT ORANGE FL

TITLE S ☐ Delete
NAME HAMMONS, PATRICIA A
STREET ADDRESS 1411 W. HARDEN RD.
CITY-ST-ZIP PORT ORANGE FL

TITLE V ☐ Delete
NAME PEAKE, ALICIA M
STREET ADDRESS 5305 CHRISTIANCY AVE.
CITY-ST-ZIP PROT ORANGE FL

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 PD ☒ Change ☐ Addition
NAME Bisesi, Thomas S.
STREET ADDRESS 486 Dawnview Sq.
CITY-ST-ZIP Port Orange, Florida 32127

TITLE TD ☒ Change ☐ Addition
NAME Bisesi, Marilyn
STREET ADDRESS 486 Dawnview Sq.
CITY-ST-ZIP Port Orange, Florida 32127

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

TITLE V ☒ Change ☐ Addition
NAME Peake, Alicia M
STREET ADDRESS 112 Colina Pl.
CITY-ST-ZIP Ormond Beach, FL 32174

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

THOMAS S. BISESI

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01

Date

904-767-5220

Daytime Phone #

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90045 023 ***150.00

742628



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)