

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90089 019 \*\*\*150.00

## 1999 DOCUMENT#

1. Corporation Name

AQUA JANITORIAL SERVICE, INC.					
Principal Place of Business Mailing Address					## #### #### #########################
8362 PINES BLY	VD.	8362 PINES BLVD.		the state of the s	
#179				DO NOT WRITE IN T	THE COACE
I variable vivial variable var		PEMBROKE PINES FL 33024		DO NOT WRITE IN T	HIS SPACE
US US		US		3. Date Incorporated or Qualifed 08/15/1989	{
		On Marilian Address		4. FEI Number	Applied For
		2a. Mailing Address		65-0136499	Not Applicable
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.		Suite Ant # etc		03/0130499	\$8.75 Additional
<u>├</u>		27		5. Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible
24	25	29 3	0	Personal Property Tax.	Ŭ Yes □ No
	9. Name and Address of Curren			10. Name and Address of New Register	red Agent
81 Name 0 0 0 1					
BAILEY, EDWARD			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
5101 CHARDONNAY DR			12	702 NW LITHE ST	
CORAL SPRINGS FL 33067			83		
•			84 City		85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi			egistered Agent signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	PANEY LAUDA	☐ DELETE	1.1 TITLE	`	
NAME	BAILEY, LAURA		1.2 NAME		•
STREET ADDRESS	8362 PINES BLVD. #179		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
TITLE	VPS	C DELETE	i		
NAME	BAILEY, EDWARD		2.2 NAME		
STREET ADDRESS	8362 PINES BLVD. #179 PEMBROKE PINES FL		2.3 STREET ADDRESS		
CITY-ST-ZIP	FEMDRUNE FINES FL	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
TITLE	,	- Deterie	3.2 NAME		<u> </u>
NAME			3.3 STREET ADDRESS		
STREET ADDRESS			3.4. CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		_
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		1
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	•		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		1

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS