

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90450 001 \*\*\*550.00

DOCUMENT # L34215

1. Entity Name

JANI-KLEEN BUILDING MAINTENANCE, INC. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9756 NW 41st Street

Suite, Apt. #, etc.

3. Mailing Address

9756 NW 41st Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Sunrise, Florida

City & State  
Sunrise, Florida

4. FEI Number

650162910

Applied For

Not Applicable

Zip  
33351

Country  
USA

Zip  
33351

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

James B. Lyon, Esq.

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

1881 University Drive

Suite 206

City

Coral Springs

FL

Zip Code  
33071

**DO NOT WRITE  
IN THIS SPACE**

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

James B. Lyon

(NOTE: Registered Agent signature required when relocating)

DATE

5-16-02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
Cary S. Feldman  
STREET ADDRESS  
9756 NW 41st Street  
CITY-ST-ZIP  
Sunrise, FL 33351

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-02 954-649-2919

Date

Daytime Phone #

CR2E034B (12/01)