

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90250 001 ***150.00

0508783 AV

DOCUMENT # L40950

1. Entity Name
RALPH'S JANITORIAL SERVICE, INC.



Principal Place of Business
**P O BOX 963
MULBERRY FL 33860**

Mailing Address
**P O BOX 963
MULBERRY FL 33860**

2. Principal Place of Business
5680 Durrance Road

3. Mailing Address
P.O. Box 963

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Mulberry, FL

City & State
Mulberry, FL

4. FEI Number **59-2947580**

Applied For
Not Applicable

Zip Country
33860 Polk

Zip Country
33860 Polk

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEEKS, R H
1104 N. PARSONS AVE.
STE. E
BRANDON FL 33510**

Name **Cheryl Ziegler**
Street Address (P.O. Box Number is Not Acceptable)
5680 Durrance Road
City **Mulberry** **FL** Zip Code **33860**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Cheryl Ziegler, Cheryl Ziegler, Sec. DATE 4-21-03
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **ZIEGLER, RALPH**
STREET ADDRESS **5680 DURRANCE RD**
CITY-ST-ZIP **MULBERRY FL**

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

TITLE **SVD** ☐ Delete
NAME **ZIEGLER, CHERYL M**
STREET ADDRESS **5680 DURRANCE RD**
CITY-ST-ZIP **MULBERRY FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cheryl Ziegler, Sec. DATE 4-21-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)