

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L58968

1. Entity Name

JOHNSON & JOHNSON JANITORIAL SERVICE, INC.

Principal Place of Business

% JANICE JOHNSON
1800 NORTH ROME AVENUE
TAMPA FL 33607

Mailing Address

PO BOX 77354
TAMPA FL 33675

2. Principal Place of Business

7901 Bahia Ave

3. Mailing Address

7901 Bahia Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33619

Country

Hills

Zip

33619

Country

Hills

6. Name and Address of Current Registered Agent

JOHNSON, JANICE
1800 NORTH ROME AVENUE
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

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

7901 Bahia Ave

Tampa

City

FL

Zip Code

33619

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

4-4-01

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 CD
NAME JOHNSON, JANICE
STREET ADDRESS 1800 N ROME AVE 7901 Bahia Ave
CITY-ST-ZIP TAMPA FL

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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

Date

Daytime Phone #

4-4-01 (813) 677-7315

0521788

CR2E034 (10/00)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90092 006 ***150.00



DO NOT WRITE IN THIS SPACE