

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90125 014 ***150.00

DOCUMENT # L77922

1. Entity Name

BAUGHS (INTERNATIONAL) JANITORIAL SERVICES OF SO

Principal Place of Business

Mailing Address

10221 NORTHWEST 33RD STREET
 APARTMENT 1
 CORAL SPRINGS FL 33065
 US

C/O GRUBER ASSOCIATES, PA
 1650 SOUTHEAST 17TH ST SUITE 301
 FT LAUDERDALE FL 33316-1735
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0195979**

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

BAUGH, WINSTON A.
 10221 NORTHWEST 33RD STREET
 APT 1 APARTMENT
 CORAL SPRINGS FL 33065

A.
STREET
APARTMENT 1
FL

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DPST
 BAUGH, WINSTON A.
 10221 NORTHWEST 33RD STREET
 CORAL SPRINGS FL 33065

TITLE
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TITLE
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 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.

SIGNATURE: *Winston A. Baugh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WINSTON A. BAUGH 02/10/00 954-522-2222

Date

Daytime Phone #

CR2E034 (9/99)