

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90107 020 \*\*\*150.00

**DOCUMENT # L77922**

1. Entity Name

**BAUGHS (INTERNATIONAL) JANITORIAL SERVICES OF SO**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Mailing Address

C/O Mark I. Ingber, C.P.A.

Suite, Apt. #, etc.

3071 Northwest 107th Avenue

City & State

Coral Springs, FL

Zip

33065-3626

Country

US

**00051831**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input type="checkbox"/> Delete
NAME	BAUGH, WINSTON A	
STREET ADDRESS	10221 NORTHWEST 33RD ST, APT 1	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

*Mark I. Ingber CPA, Accountant*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/29/01*  
 Date

*954-232-5454*  
 Daytime Phone #

CR2E034 (10/00)