FILED May 13, 2002 8:00 am Secretary of State

Daytime Phone #

FOR PROFIT CORPORATIO	N
UNIFORM BUSINESS REPORT	(UBR)

1. Entity Name	∞	184		05-13-2002 90	0160 028 ***150.	.00
Star Janitonia	ed Inc.					
DO NOT WRITE	IN THIS SP	ACE		вгоо	<i>હ</i> ઇ	
2. Principal Place of Bysiness Hwy 315	3. Mailing Address	3				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
Exalog, H. 38434	City & State Cala	71.3441	$o = \bigcirc \Psi \cup O$	FEI Number 3 61-750-	Applied F	
32134 COUNTYSA	34478.0633	CountryUS	5.	Certificate of Status Desired	\$8.75 Additional Fee Required	
		Name		ame and Address of Current Registe	red Agent	\exists
DO NOT WI		-Street A	ddress (P.O.)	Box Number is Not Acceptable - 5		
IN THIS SPA	ACE		Ht. M	recoy, FL. 321	34	
	•	- City	1910	Coy F	L 32134	
8. The above named entity submits this statement for t	he purpose of changing its re	egistered office o	r registered ag	gent, or both, in the State of Florida.		
SIGNATURE Signature, typed or printed name thregsered agent and	U 1 tille i applicable. (NOTE: F	Registered Agent signal	ure required when r	4-a5	-02 <u> </u>	.
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		Fee is \$550.00 UBR is \$61.25)	10. Election Campaign Financing Trust Fund Contribution:	\$5.00 May	Be s
11. OFFICERS AND DI		I Department	PΛ	esident		
MAME Sherry Hill	-President	TITLE NAME	Sher	ury Hill		701
STREET ADDRESS 11713 Nº HWY 3 CITY-ST-ZIP Ft. Mc Coy Ft.		STREET ADDRESS CITY-ST-ZIP	11713	3 NE HWY 31S	201211	CR2E034B (12/01)
TILE VICE PRESIDENT	,,,,,,	TITLE		Creaisons	· 12154	
NAME STREET ADDRESS Jamie Hill STREET ADDRESS		NAME STREET ADDRESS	Sam	ile Hill 13 NE. Huy315	* .	12
CITY-ST-ZIP 11713 NE Hary 315	=1. 32134	CITY-ST-ZIP	71.7	Ft mccay, Fl. 32	434	
TITLE NAME	•	TITLE NAME				
STREET ACCIRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	•	DO NOT WR	ITE	4
TITLE	· · · · · · · · · · · · · · · · · · ·	DDF				
name Street address		NAME STREET ADDRESS		-IN THIS SPA	ICE	
CITY - ST - 21P		CITY-ST-ZIP				
TITLE VAME		TITLE				
STREET ADDRESS		NAME : . Street address :				
CITY-ST-ZIP		CITY-ST-ZIP			·	
nitle Vame		TITLE NAME				a
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS				•
13. Thereby certify that the information supplied with the	s filing does not qualify for th	e exemption state	ed in Section 1	19.07(3)(i), Florida Statutes. I further o	ertify that the information	
indicated on this report or supplemental report is true of the corporation or the receiver or trustee empowe attachment with an address, with all other like empore	rered to execute this report a					
	Ren Llean			4/25/12		