

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000039421

1. Entity Name

S B JANITORIAL SERVICE, INC.

Principal Place of Business

435 S. RIDGEWOOD AVENUE, #210
DAYTONA BEACH FL 32114

Mailing Address

435 S. RIDGEWOOD AVENUE, #210
DAYTONA BEACH FL 32114

2. Principal Place of Business

3. Mailing Address

3 Laurel Oaks Cir
Suite, Apt. #, etc.

3 Laurel Oaks Cir
Suite, Apt. #, etc.

City & State

Ormond Beach, Fl.

City & State

Ormond Beach, Fl.

Zip

32174

Country

Volusia

Zip

32174

Country

Volusia

6. Name and Address of Current Registered Agent

BELUS, ALLEN
435 S. RIDGEWOOD AVENUE, #210
DAYTONA BEACH FL 32114

4. FEI Number

59-3635230

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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)

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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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE: Pres., Treas
NAME: Johnny Williams
STREET ADDRESS: 3 Laurel Oaks Cir.
CITY-ST-ZIP: Ormond Beach, Fl. 32174

☐ Delete

TITLE: V. Pres., Sec.
NAME: Mildred Williams
STREET ADDRESS: 3 Laurel Oaks Cir.
CITY-ST-ZIP: Ormond Beach, Fl. 32174

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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STREET ADDRESS:
CITY-ST-ZIP:

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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STREET ADDRESS:
CITY-ST-ZIP:

☐ 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: *Johnny Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-01

00034990



DO NOT WRITE IN THIS SPACE

000472

CR2E034 (10/00)