

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000046757

1. Entity Name

ABSOLUTE JANITORIAL SERVICES, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90265 036 ***150.00

Principal Place of Business

1570 N. POWERLINE RD.
POMPANO BEACH FL 33069

Mailing Address

1570 N. POWERLINE RD.
POMPANO BEACH FL 33069

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1051378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARKE, ROBERT A
1570 N. POWERLINE RD.
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name

MARKE, ROBERT A.

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

TITLE **P** ☒ Delete
NAME ~~AARON, ERIC~~
STREET ADDRESS ~~1570 N. POWERLINE RD.~~
CITY-ST-ZIP ~~POMPANO BEACH FL 33069~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT / DIRECTOR** ☐ Change ☒ Addition
NAME **JOAN SEFTON**
STREET ADDRESS **8479 NW 2nd St.**
CITY-ST-ZIP **Coral Springs, Fl. 33071**

TITLE **CO-PRESIDENT / DIRECTOR** ☐ Change ☒ Addition
NAME **CAROLYN MARKE**
STREET ADDRESS **7121 E Cypresshead**
CITY-ST-ZIP **Parkland, Fl. 33067**

TITLE **DIRECTOR / V.P.** ☐ Change ☒ Addition
NAME **SERGE BAUM**
STREET ADDRESS **2901 Hidden Hollow**
CITY-ST-ZIP **Davie, Fl. 33328**

TITLE **DIRECTOR / V.P.** ☐ Change ☒ Addition
NAME **STACEY SEFTON**
STREET ADDRESS **12955 Hyland Circle**
CITY-ST-ZIP **Boca Raton, Fl. 33428**

TITLE **VICE PRESIDENT / DIRECTOR** ☐ Change ☒ Addition
NAME **EVADNEY WASHINGTON**
STREET ADDRESS **17382 SW 143rd Place**
CITY-ST-ZIP **Miami, Fl. 33177**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **ROBERT MARKE**
STREET ADDRESS **7121 E Cypresshead**
CITY-ST-ZIP **Parkland, Fl. 33067**

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:

Robert A. Marke **ROBERT A. MARKE**

4/20/01

Date

954-960-1010

Daytime Phone #

CR2E034 (10/00)