

4/7/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

04-07-2002 90051 041 ***150.00

DOCUMENT # P01000002733

1. Entity Name

JW JANITORIAL USA INC.

Principal Place of Business

Mailing Address

5033 FOXBRIDGE CIRCLE S #184
CLEARWATER FL 337605033 FOXBRIDGE CIRCLE S #184
CLEARWATER FL 33760

27501

2. Principal Place of Business

5033 FOXBRIDGE CIR N

3. Mailing Address

5033 FOXBRIDGE CIR N

Suite, Apt. #, etc.

APT 184

Suite, Apt. #, etc.

APT 184

City & State

CLEARWATER, FLORIDA

City & State

CLEARWATER, FLORIDA

4. FEI Number

59-3688390

Applied For

Not Applicable

Zip

33760

Country

USA

Zip

33760

Country

USA

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

PASEK, MICHAEL D

4851 85TH AVE

PINELLAS PARK FL 33781

Name

JAN WACHOWSKI

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

5033 FOXBRIDGE CIR N, APT 184

City

CLEARWATER

FL

Zip Code

33760

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, 2002 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 D ☐ Delete
 NAME WACHOWSKI, JAN
 STREET ADDRESS 5033 FOXBRIDGE CIRCLE S #184
 CITY-ST-ZIP CLEARWATER FL 33760

TITLE P ☒ Change ☐ Addition
 NAME WACHOWSKI, JAN
 STREET ADDRESS 5033 FOXBRIDGE CIR N, APT 184
 CITY-ST-ZIP CLEARWATER, FL 33760

TITLE D ☐ Delete
 NAME WACHOWSKI, HALINA
 STREET ADDRESS 5033 FOXBRIDGE CIRCLE S #184
 CITY-ST-ZIP CLEARWATER FL 33760

TITLE P ☒ Change ☐ Addition
 NAME WACHOWSKA, HALINA
 STREET ADDRESS 5033 FOXBRIDGE CIR N, APT 184
 CITY-ST-ZIP CLEARWATER, FL 33760

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Jan Wachowski
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN WACHOWSKI, PRESIDENT

(727) 532-3824

Date

Daytime Phone #

CR2E034 (9/01)