2002 Uniform Business Report (UBR)

Apr 11, 2002 8:00 am Secretary of State P01000008965 DOCUMENT # 1. Entity Name 04-11-2002 90029 030 ***150.00 JORDAN JANITORIAL SERVICES, INC. Principal Place of Business Mailing Address 1420 SE 3RD CT. 1420 SE 3RD CT. DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address 5150 NE 6TH AVE 5150 NE GTH AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 104 104 City & State City & State 4. FEI Number Applied For OAKLAND 65-1094508 Not Applicable \$8.75 Additional 33334 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOUBEK ZDENJEK DOUBEK, ZDENEK Street Address (P.O. Box Number is Not Acceptable) 1420 SE 3RD CT. **DEERFIELD BEACH FL 33441** NE 6TH AUE. 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE **X** Change ☐ Addition CR2E034 (9/01 DOUBEK, ZDENEK DOUBEK ZDENEK NAME 1420 SE 3RD CT. 5150 NE GTH AVE. 1 # 104 STREET ADDRESS STREET ADDRESS **DEERFIELD BEACH FL 33441** CITY-ST-ZIP CITY-ST-ZIP OAKLAND PARK, FL. 33334 TITLE ☐ Delete TITLE Change - ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

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