

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90842 014 ***150.00

DOCUMENT # P01000034610

1. Entity Name
MASTER JANITORIAL SERVICES, INC.



Principal Place of Business
931 TROPICAL PALM AVENUE
NORTH FORT MYERS FL 33903-4262

Mailing Address
931 TROPICAL PALM AVENUE
NORTH FORT MYERS FL 33903-4262



2. Principal Place of Business

21 Trafalgar Parkway
Suite, Apt. #, etc.

3. Mailing Address

21 Trafalgar Pkwy
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
CAPE Coral, FL

City & State
CAPE Coral, FL

4. FEI Number **65-1094246**

Applied For
Not Applicable

Zip
33491

Country
US

Zip
33491

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SELBY, MELISA J
931 TROPICAL PALM AVE.
FORT MYERS FL 33903-4262

7. Name and Address of New Registered Agent

Name **Melisa J. Selby**

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

21 Trafalgar Parkway

City **CAPE Coral**

FL

Zip Code **33491**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Melisa J. Selby**

Signature, typed or printed name of registered agent and title if applicable

Melisa J. Selby CEO

(NOTE: Registered Agent signature required when reinstating)

3-1-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PRD** ☐ Delete
NAME **SELBY, MELISA J**
STREET ADDRESS **931 TROPICAL PALM AVENUE**
CITY-ST-ZIP **NORTH FORT MYERS FL 33903-4262**

TITLE **SVD** ☐ Delete
NAME **FRAZZINI, JOANNE M**
STREET ADDRESS **931 TROPICAL PALM AVENUE**
CITY-ST-ZIP **NORTH FORT MYERS FL 33903-4262**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRD** ☒ Change ☐ Addition
NAME **Selby, Melisa J.**
STREET ADDRESS **21 Trafalgar Parkway**
CITY-ST-ZIP **CAPE Coral FL 33491**

TITLE **SVD** ☒ Change ☐ Addition
NAME **Frazzini, Joanne**
STREET ADDRESS **21 Trafalgar Parkway**
CITY-ST-ZIP **CAPE Coral, FL 33491**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Melisa J. Selby**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-03

Date

239-524976

Daytime Phone #

CR2E034 (10/02)