

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000048443

1. Entity Name

ALDERMAN JANITORIAL SERVICE, INC.

Principal Place of Business

8625 CHATHAM ST
FT MYERS FL 33907

Mailing Address

8625 CHATHAM ST
FT MYERS FL 33907

2. Principal Place of Business

8625 CHATHAM ST

3. Mailing Address

8625 CHATHAM ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Myers Florida

City & State

Port Myers Florida

4. FEI Number

65-1103464

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALDERMAN, GEORGE T
8625 CHATHAM ST
FT MYERS FL 33907

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) ☒

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

TITLE	President	<input type="checkbox"/> Delete
NAME	George T. Alderman	
STREET ADDRESS	8625 CHATHAM ST	
CITY-ST-ZIP	FT MYERS FL 33907-4111	
TITLE	Secretary-Treasurer	<input type="checkbox"/> Delete
NAME	James L. Alderman	
STREET ADDRESS	8625 CHATHAM ST	
CITY-ST-ZIP	FT MYERS FL 33907-4111	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: George T. Alderman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02 941 9394059

Date

Daytime Phone #

FILED
May 29, 2002 8:00 am
Secretary of State

05-01-2002 91615 029 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)