

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

*Amended*

DOCUMENT # *P0100DD68132*

1. Entity Name  
*Pro Active Janitorial Services, Inc.*

**FILED**

02 DEC -2 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*156 20th Ave. S.E.*  
Suite, Apt. #, etc.

3. Mailing Address  
*156 20th Ave. S.E.*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*St. Petersburg, FL*  
Zip *33705* Country *USA*

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*St. Petersburg, FL*  
Zip *33705* Country *USA*

4. FEI Number  
*59-3393431*

Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name *Jeffrey Horowitz*  
Street Address (P.O. Box Number is Not Acceptable)  
*156 20th Avenue S.E.*  
City *St. Petersburg* FL Zip Code *33705*

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]* *Jeffrey Horowitz* *11/20/02*  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<i>President Jeffrey M. Horowitz 156 20th Ave. S.E. St. Petersburg, FL 33705</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer/Secretary Rebecca Horowitz 156 20th Ave. S.E. St. Petersburg, FL 33705</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice-President Tamaz Pureliani 5510 Tangerine Ave. So. #1 Gulfport, FL 33707</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice-President Suliko Kamadadze 2532 1/2 49th Street So. Clearwater, FL 33707</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice-President Shota Meshveliani 6947, 16th Place No. #139 St. Petersburg, FL 33710</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>500009200295 12/02/02--01065--002 **\$1.25</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>
TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Rebecca Horowitz* *Rebecca Horowitz* *11/20/02* *(727) 895-8958*  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034B (12/01)