2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90251 038 ***150.00

047355 AV

DOCUMENT # P01000068132

1. Entity Name
PRO-ACTIVE JANITORIAL SERVICES, INC.

Principal Place of Business	Mailing Address
156 20TH AVE SE ST PETERSBURG FL 33705	156 20TH AVE SE ST PETERSBURG FL 33705

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3393431 ☐ Applied For ☐ Not Applicable

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
HOROWITZ, JEFFREY M 156 20TH AVE SE ST PETERSBURG FL 33705	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOROWITZ, JEFFREY M 156 20TH AVE SE ST PETERSBURG FL 33705	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MTS HOROWITZ, REBECCA 156 20TH AVE. SE SAINT PETERSBURG FL 33705	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Rebecca Horowitz Rebecca Horowitz 4/15/03 (727) 895-8958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E034 (10/02)

attachment

80104713

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000068132

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
156 20 Ave. S.E.	156 20th Ave. S.E.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: St. Petersburg, Fl	City & State: St. Petersburg, Fl	4. FEI Number: 59-3393431 ☐ Applied For ☐ Not Applicable
Zip: 33705 Country: USA	Zip: 33705 Country: USA	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: 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: Jeffrey Horowitz 11/20/02

Signature required of new registered agent and title if applicable. (NOTE: Registered Agent signature required when constituted.) (DATE)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

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	President	TITLE	
NAME	Jeffrey M. Horowitz	NAME	
STREET ADDRESS	156 20th Ave. S.E.	STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, Fl 33705	CITY-ST-ZIP	
TITLE	Treasurer / Secretary	TITLE	
NAME	Rebecca Horowitz	NAME	
STREET ADDRESS	156 20th Ave. S.E.	STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, Fl 33705	CITY-ST-ZIP	
TITLE	Vice-President	TITLE	
NAME	Tamaz Pureliani	NAME	
STREET ADDRESS	5510 Tangerine Ave. So. #1	STREET ADDRESS	**DO NOT WRITE IN THIS SPACE**
CITY-ST-ZIP	Gulfport, Fl 33707	CITY-ST-ZIP	
TITLE	Vice-President	TITLE	
NAME	Suliko Kamadadze	NAME	
STREET ADDRESS	2532 Ve 49th Street So.	STREET ADDRESS	
CITY-ST-ZIP	~~Clearwater, Fl~~ 33707 Gulfport	CITY-ST-ZIP	
TITLE	Vice-President	TITLE	
NAME	Shota Meshveliani	NAME	
STREET ADDRESS	6947 16th Place No. #139	STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, Fl 33710	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rebecca Horowitz Rebecca Horowitz 11/20/02 (727)895-8758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR