

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 91019 025 \*\*\*150.00

DOCUMENT # P01000068621

1. Entity Name

ABC JANITORIAL & CONCIERGE SERVICES,  
Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8307 NW 74<sup>TH</sup> AVE

Suite, Apt. #, etc.

3. Mailing Address

8307 NW 74<sup>TH</sup> AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMARAC FL

City & State

TAMARAC FL

4. FEI Number

65-1120242

Applied For

Not Applicable

Zip

33321

Country

Zip

33321

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

PETER V. J. HAMM

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

8307 NW 74<sup>TH</sup> AVE

City

TAMARAC

FL

Zip Code

33321

**DO NOT WRITE  
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	DP
NAME	PETER V. J. HAMM
STREET ADDRESS	8307 NW 74 <sup>TH</sup> AVE
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	DVPT
NAME	MARTHA HAMM
STREET ADDRESS	8307 NW 74 <sup>TH</sup> AVE
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	S
NAME	PETER J. HAMM
STREET ADDRESS	8307 NW 74 <sup>TH</sup> AVE
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	
NAME	
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CITY-ST-ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Martha Hamm*

MARTHA HAMM

VICE PRESIDENT

2/20/03 (954) 532-1704

CR2E034B (12/02)