FILED
Jun 20, 2003 8:00 am
Secretary of State

05-22-2003 90142 001 ***150.00

55049330

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000004395

1. Entity Name
BEJDAK CLEANING SERVICES INC.

Principal Place of Business	Mailing Address
2290 CUMBERLAND CIRCLE #1203 CLEARWATER FL 33763	2290 CUMBERLAND CIRCLE #1203 CLEARWATER FL 33763
2. Principal Place of Business: 1350 DUNCAN LOOP #105	3. Mailing Address: 1350 DUNCAN
Suite, Apt #, etc.	Suite, Apt #, etc.: LOOP #105
City & State: DUNEDIN, FL	City & State: DUNEDIN, FL
Zip: 34698 Country	Zip: 34698 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 02-0538564 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BEJDAK, FRANTISEK
2290 CUMBERLAND CIRCLE #1203
CLEARWATER FL 33763

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. 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: D NAME: BEJDAK, FRANTISEK STREET ADDRESS: 2290 CUMBERLAND CIRCLE #1203 CITY-ST-ZIP: CLEARWATER FL 33763	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME: Bejdak Frantisek STREET ADDRESS: 1350 DUNCAN, LOOP #105 CITY-ST-ZIP: DUNEDIN, FL 34698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (10/02)

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #