

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90156 009 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

10100001

DOCUMENT # P02000008119					
1. Entity Name E.R. JANITORIAL SERVICES, INC.					
Principal Place of Business 2440 PARSON POND CIRCLE KISSIMMEE, FL 34743			Mailing Address 2440 PARSON POND CIRCLE KISSIMMEE, FL 34743		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FET Number 04-3591998			Applied For Not Applicable		
5. Certificate of Status Desired ☐			5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agents signature required when necessary) DATE _____					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PD	☐ Delete			
NAME	ROSARIO, ELIZABETH				
STREET ADDRESS	2440 PARSON POND CIRCLE				
CITY-ST-ZIP	KISSIMMEE, FL 34743				
TITLE	ST	☐ Delete			
NAME	RODRIGUEZ, WILLIAM				
STREET ADDRESS	2440 PARSON POND CIRCLE				
CITY-ST-ZIP	KISSIMMEE, FL 34743				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 <i>Elizabeth</i> 5/1/03 907-9628374					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					