

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 23 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 002000118397

1. Entity Name
~~Babs Cleaning Janitorial Service Inc~~
Babs Robinson Cleaning Janitorial Services Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2460 NW 157th Pl
Suite, Apt. #, etc.

3. Mailing Address
2460 NW 157th Place
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Citra, Florida
Zip 32113 Country MARION

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4. FEI Number
36-4529217
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
Barbara Johnson Robinson
Street Address (P.O. Box Number is Not Acceptable)
2460 NW 157th Place

City Citra FL Zip Code 32113

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 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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Barbara Johnson Robinson 2460 NW 157th Place CITRA FL 32113	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800019855168 05/23/03--01092--003 **150.00
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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: Barbara Johnson Robinson 4-20-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)