

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000026451

1. Entity Name

ALL CLEAN JANITORIAL SERVICE, INC.

Principal Place of Business

2015 MARCIA DRIVE  
ORLANDO FL 32807

Mailing Address

2015 MARCIA DRIVE  
ORLANDO FL 32867-8940

2. Principal Place of Business

2426 JUSTY WAY  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 678940  
Suite, Apt. #, etc.

City & State

ORLANDO FLA.

City & State

ORLANDO FLA.

Zip

32817

Country

ORANGE

Zip

32867

Country

ORANGE

6. Name and Address of Current Registered Agent

COPELAND, RICHARD W  
631 PALM SPRINGS DRIVE  
SUITE 106  
ALTAMONTE SPRINGS FL 32701

4. FEI Number

59-3183783

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	P	<input type="checkbox"/> Delete
NAME	BRADSTREET, DEAN H	
STREET ADDRESS	2426 JUSTY WAY	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LANG, JAMES D JR	
STREET ADDRESS	2015 MARCIA DR.	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, JAMES D. JR	
STREET ADDRESS	2894 Heatherside AVE	
CITY-ST-ZIP	ORLANDO FLA. 32822	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*James D. Lang*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-00 407-275-5166

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90099 010 \*\*\*150.00

B0010891



DO NOT WRITE IN THIS SPACE