

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000055222**

1. Entity Name

MARLIN JANITORIAL SERVICES, INC.

Principal Place of Business

**BARRETT KLUCK
18435 NW 13 ST.
PEMBROKE PINES FL 33029
US**

Mailing Address

**P.O. BOX 82-3093
SOUTH FLORIDA FL 33083
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**BARRETT K. KLUCK
18435 NE 13 ST.
PEMBROKE PINES FL 33029**

7. Name and Address of New Registered Agent

Name

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

City

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 the filer (submit)

(NOTE: Registered Agent signature required when re-registering)

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, 2001 Fee will be \$650.00
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	☐ Delete
NAME	KLUCK, BARRETT	
STREET ADDRESS	18435 NW 13 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

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		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information contained 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 I file empowered.

SIGNATURE:

Barrett Kluck **BARRETT KLUCK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

4-24-01 (954) 441-2747

Signature of Filers

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90084 037 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0426914**

Added for

Not Added for

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034 (10.00)

0494285