

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91601 003 \*\*\*150.00

DOCUMENT # P95000087730

1. Entity Name

WAX-EM-UP JANITORIAL SERVICE INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1356 DAB DR.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 190

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SEFFNER, FLORIDA

City & State

SEFFNER, FLORIDA

4. FEI Number

65-0620943

Applied For

Not Applicable

Zip

Country

33584

U.S.A.

Zip

Country

33583-0190 U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

BARTHOLMEY, THOMAS & CO., P.A.

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

8666 SEMINOLE BLVD.

City

SEMINOLE

FL

Zip Code

33172

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.

Dennis Thomas, C.P.A.

DENNIS K. THOMAS, CPA

(NOTE: Registered Agent signature required when reinstating)

DATE

5/23/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

MORALES, WILLIAM A.

P.O. BOX 190

SEFFNER, FL 33583-0190

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-21-02

Date

Daytime Phone #

(813) 651-4104

CR2E034B (12/01)

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.