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May 05, 2003 8:00 am
Secretary of State
05-05-2003 91838 041 ***150.00

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000024508

1. Entity Name: DAR-POL MAINTENANCE & JANITORIAL SERVICES INC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business: 321 WIMICO CR
Suite, Apt. #, etc.
City & State: DESTIN, FL
Zip: 32541 Country

3. Mailing Address: P.O. BOX 156
Suite, Apt. #, etc.
City & State: FT. WALTON BEACH
Zip: 32549 Country

4. FEI Number: 59-3367300 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: DARIUSZ FENGER
Street Address (P.O. Box Number is Not Acceptable): 321 WIMICO CR
City: DESTIN FL Zipcode: 32541

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 ✓

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	PRESIDENT	TITLE	
NAME	DARIUSZ FENGER	NAME	
STREET ADDRESS	321 WIMICO CR	STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL 32541	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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: ✓ Dariusz Fenger ✓ 04-28-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #