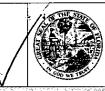
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 196000046431

1. Entity Name

SIGNATURE: 4

SERVICE ONE JANITORIAC OF WINTER SPRINGS, INC.



Country

## DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
2242 WEKINA RESERVE	3co. same	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

## FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 91844 039 \*\*\*150.00

90129736

59-3407105

4. FEI Number

DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3270	23 USA		5. Certificate of Status Desired Fee Required
TEMPERATURE TO THE ST			7. Name and Address of Current Registered Agent
		_ Name	CEMAN, RENE
	DO NOT WRITE	Street Addr	ess (P.O. Box Number is Not Acceptable)
	IN THIS SPACE	and the second s	•
		- 224	2 WEKIVA RESERVE BLVD
		City A-	POPKA FL Zip Gode 7-03
8. The above	named entity submits this statement for the purpo		gistered agent, or both, in the State of Florida. I am familiar with, and accept
	ons of registered agent.		
P	West allenger		V 4-29-03
SIGNATURE _	Signature, typed or printed name of registered agent and title if applie	cable. (NOTE: Registered Agent signature in	equired when reinstating) DATE
	uary 1 - May 1 Fee is \$150.00		9. Election Campaign Financing \$5.00 May Be
	After May 1, Fee is \$550.00 Amended UBR is \$61.25		Trust Fund Contribution. Added to Fees
Salar Control of the street of the salar control of	Payable to Florida Department of State	Marion Prop - 11 Tool A 1988 11	Video de la resta de marca de la resta de la constante de la c
10.	OFFICERS AND DIRECTOR	AND HAVE THE REPORT OF A PROPERTY OF THE PROPE	
TITLE	N Sun Device	NAME	
NAME STREET ADDRESS	ALEMAN, RENE	STREET ADDRESS	2242 WEKEVA RESEAUR BUD
CITY-ST-ZIP	618 MURPHY RD WINTER SPRINGG FI 3	27 -27 CITY ST-ZIP	APOPKA FC 32703
TITLE	\	TITLE .	The same and the s
NAME	ACEMAN, EMERITA	NAME	LZYZ WEEKA RESERVE BLUD
STREET ADDRESS	GIR MURPHY RIS	STREET ADDRESS	
CITY-ST-ZIP	BLEMAN, EMERITA 618 MURPHY RD WINTER SPRINCE, FO	-32)08 cliv-si-zip	BADPKA RC 32703
TITLE	,	-Inte	
NAME		NAME	The first of the second of the
STREET ADDRESS		STREET ADDRESS CITY: ST-ZIP	DO NOT WRITE
CITY-ST-ZIP		Signature of the American American Committee of the Commi	Selection of the Management of the Control of the C
TITLE NAME		TIFLE	IN THIS SPACE
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	AT THE WAR STATE OF THE STATE O
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	Allegation and the same of
TITLE		ME	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	A CONTRACTOR OF THE STATE OF TH
indicated :	on this report or supplemental report is true and a	accurate and that my signature shall have	in Section 119.07(3)(i), Florida Statutes. I further certify that the information to the same legal effect as if made under oath; that I am an officer or director there 607 Florida Statutes: and that my name appears in Block 10 or on an

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR