

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000070952

1. Entity Name

NORTH FLORIDA JANITORIAL/NU-STEAM, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90051 007 ***550.00

Principal Place of Business

806 OLD COLUMBIA CITY RD
LAKE CITY FL 32025
US

Mailing Address

600 OLUSTEE AVE
LAKE CITY FL 32025
US

2. Principal Place of Business

806 Old Columbia City Rd
Suite, Apt. #, etc.

3. Mailing Address

600 Olustee Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lake City Fla

City & State

Lake City FL

4. FEI Number

59-3409797

Applied For

Not Applicable

Zip

32025

Country

Columbia

Zip

32025

Country

Columbia

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AFRICANO, J. VICTOR ESQ.
106 WHITE AVE.
SUITE B
LIVE OAK FL 32060

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PST
NAME BURNHAM, GAYNELL C
STREET ADDRESS RT. 1 BOX 5415
CITY-ST-ZIP WHITE SPRINGS FL 32096 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Gaynell C Burnham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-2000
Date

755-6844
Daytime Phone #

CR2E034 (5/00)