

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000089538

1. Entity Name

SUPREME JANITORIAL &amp; RUG, INC.

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90070 029 \*\*\*150.00

Principal Place of Business

1631 PINE PLACE  
CLEARWATER FL 33756  
US

Mailing Address

1631 PINE PLACE  
CLEARWATER FL 33756  
US

00019922



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2814 Grey OAK Blvd  
Suite, Apt. #, etc.

3. Mailing Address

2814 Grey OAKS Blvd  
Suite, Apt. #, etc.

City &amp; State

TARPOW SPRING'S FL.

Zip  
34689

Country

FLORIDA

City &amp; State

TARPOW SPRING'S FL.

Zip

34689

Country

FLORIDA

4. FEI Number

59-3412788

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BERGSTRESSER, EARNEST W  
1631 PINE PL  
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name BERGSTRESSER EARNEST W

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

2814 Grey OAKS Blvd

TARPOW SPRING'S FL.

City

FL

Zip Code

34689

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	PSD	<input type="checkbox"/> Delete
NAME	BERGSTRESSER, ERNEST W	
STREET ADDRESS	1631 PINE PLACE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bergstrasser Ernest W	
STREET ADDRESS	2814 Grey OAKS Blvd	
CITY-ST-ZIP	TARPOW SPRING'S FL. 34689	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/01

Daytime Phone #

727-999-8113

CR2E034 (10/00)