

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

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

**DOCUMENT # P96000089538**

1. Entity Name  
**SUPREME JANITORIAL & RUG, INC.**

Principal Place of Business <b>1631 PINE PLACE          CLEARWATER FL 33756          US</b>	Mailing Address <b>1631 PINE PLACE          CLEARWATER FL 33756          US</b>
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**00019922**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2814 Grey OAK Blvd</b> Suite, Apt. #, etc.	3. Mailing Address <b>2814 Grey OAKS Blvd</b> Suite, Apt. #, etc.
City & State <b>Tarpon Springs FL</b>	City & State <b>Tarpon Springs FL</b>
Zip <b>34689</b>	Country <b>FLORIDA</b>

4. FEI Number <b>59-3412788</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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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: **Bergstrasser Ernest W**  
 Street Address (P.O. Box Number is Not Acceptable): **2814 Grey OAKS Blvd**  
**Tarpon Springs 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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD BERGSTRESSER, ERNEST W 1631 PINE PLACE CLEARWATER FL 33756</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD Bergstrasser Ernest W 2814 Grey OAKS Blvd Tarpon Springs FL 34689</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ernest W Bergstrasser* **1/4/01** **727-999-8113**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)