

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90254 040 ***150.00

DOCUMENT # P97000081305

1. Entity Name
HAPPY JANITORIAL SERVICE, INC.

Principal Place of Business
4242 FRANCIS ANN CT
ZELLWOOD FL 32798

Mailing Address
P.O. BOX 1300
ZELLWOOD FL 32798



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4242 FRANCIS ANN CT
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Zellwood, FL

City & State

4. FEI Number
59-3469236

Applied For
☒ Not Applicable

Zip
32798

Country
FLORIDA

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, EFRAIN
4242 FRANCIS ANN CT
ZELLWOOD FL 32798

Name
GARCIA EFRAIN

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

4242 FRANCIS ANN CT
 City
Zellwood

FL

Zip Code
32798

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **F** ☐ Delete
 NAME **GARCIA, EFRAIN**
 STREET ADDRESS **4242 FRANCIS ANN CT**
 CITY-ST-ZIP **ZELLWOOD FL 32798**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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 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: **EFRAIN GARCIA**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02
 Date

407-886-6828
 Daytime Phone #

CR2E034 (9/01)