Feb 21, 2002 8:00 am Secretary of State 02-21-2002 90160 038 ***150.00

2002	UNIFOR	M BUSI	NESS RI	EPORT (UB	R

P9800005010 DOCUMENT #

1. Entity Name M&A JANITORIAL SERVICE, INC.

Zip Country Zip Country 5. Certificate of Status Desired 5.8.75 Additional Foo Required Agent 7. Name and Address of New Registered Agent										
JACKSONNILE FL 32209 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc	Principal Plac	ce of Business	Mailing Address							
Sure. Apt. etc. Sure. Apt. etc. Sure. Apt. etc. Sure. Apt. etc. Do NOT WRITE IN THIS SPACE	1544 W. 34TH STREET									
Suite. Apt. 4, etc. City & State City & St	0 D: :==1 F	Diagon (Province)	La Marillan A Lland							
City & State City & State Country Zip Country Zip Country Zip Country Site Co	2. Principal F	Place of Business	3. Mailing Address		1 1881/1881 310 1010(28/7) 40/7) 05/2/ 20/7/			ABUS) GREET MUIIL BOLDT LIGHE BERT 1991		
Zip Country Zip Country 5, Certificate of Status Desired S8.75 Additional Fige Requirement and Address of Current Registered Agent Name Name	Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT W	RITE IN THIS S	PACE		
Zip Country Zip Country 5. Certificate of Status Depired \$8.75 Addresonal Foo Required Agent Name HAMMOND, MEDINAH Status Statement for the purpose of changing its registered office or registered agent, or both, in the State of Foolds. SIGNATURE Requirement and entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Foolds. SIGNATURE Requirement and entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Foolds. SIGNATURE Requirement and entity submits this intangible Task fling requirement and elects to do so. (See criteria on back) Fool State Intangible Task fling requirement and elects to do so. (See criteria on back) Task fling requirement and elects to do so. (See criteria on back) Task fling requirement and elects to do so. (See criteria on back) Task fling requirement and elects to do so. (See criteria on back) Task fling requirement and elects to do so. (See criteria on back) Task fling requirement and elects to do so. (See criteria on back) Task fling requirement and elects to do so. (See criteria on back) Task fling requirement and elects to do so. (See criteria on back) Task fling requirement and elects to do so. (See criteria on back) Task fling requirement and elects to do so. (See criteria on back) Task fling requirement and elects to do so. (See criteria on back) Task fling requirement and elects to do so. (See criteria on back) Task fling requirement and elects to do so. (See criteria on back) Task fling requirement and elects to do so. (See criteria on back) Task fling requirement and elects to do so. (See criteria on back) Task fling requirement and elects to do so. (See criteria on back) Task fling requirement and elects to do so. (See criteria on back) Task fling req	City & Stat	te	City & State		4.	El Number 59-34902	49	<u> </u>	pplied For ot Applicable	
AMMOND, MEDINAH 1544 W. 34TH STREET JACKSONVILLE FI. 32209 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Sircert Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature, based or printer name of imparated agent and title if addicable. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 FILE NAME INTER ADDRESS TITLE DHAMMOND, MEDINAH 1544 W. 34TH STREET JACKSONVILLE FL 32209 TITLE Delete TITLE MAKE STREET ADDRESS CITY-S1-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE MAKE STREET ADDRESS CITY-S1-ZIP TITLE Delete TITLE MAKE STREET ADDRESS CITY-S1-ZIP ADDITIONS/CHANGES OF ADDRESS CITY-S1-ZIP ADDITIONS/CHANGES OF ADDRESS CITY-S1-ZIP ADDITIONS/CHANGES OF ADDRESS CITY-S1-ZIP ADD	Zip	Country	Zip	Country	5. (Certificate of Status Desired		\$8.75 Ad	ditional	
HAMMOND, MEDINAH 1544 W. 34TH STREET JACKSONVILLE FL 32209 City		6. Name and Address of Currer	nt Registered Agent		7. 1	Name and Address of New				
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. City FL Zip Code				Name						
City		-		Street A	Street Address (P.O. Box Number is Not Acceptable)					
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 Signa										
SIGNATURE Signature, typed or printed name of registered agent and life if applicable 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE NAME STREET ADDRESS OITY-ST-2IP D				City		·	FL	Zip Cod	le	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.	8. The above	named entity submits this statement	for the purpose of changing it	s registered office or	registered ag	ent, or both, in the State of	Florida.			
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.										
Tax filling requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. Defects And Directors 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME Trust Fund Contribution. Defects And Directors In 11 NAME Trust Fund Contribution. Added to Fee Added to Fee Added to Fee Tiff Inte NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFF INTE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP TIFF INTE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CIT	SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered Agent signate	re required when re	einstating)	DATE			
Tax filling requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. Defects And Directors 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME Trust Fund Contribution. Defects And Directors In 11 NAME Trust Fund Contribution. Added to Fee Added to Fee Added to Fee Tiff Inte NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFF INTE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP TIFF INTE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CIT	9. This corpo	oration is eligible to satisfy its Intangib	e FILE NOW	'!!! FEE IS \$150.	00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CI	Tax filing requirement and elects to do so After May 1, 2002		002 Fee will be \$5	50.00						
Delete D	11.					L DITIONS/CHANGES TO O	FFICERS AND	DIRECTOR	S IN 11	
1544 W. 34TH STREET STREET ADDRESS CITY-ST-ZIP Delete TITLE Change A	TITLE				ļ				Addition	
CITY-ST-ZIP JACKSONVILLE FL 32209 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32209 CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP										
TITLE VAME STREET ADDRESS CITY-ST-ZIP	•									
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Doleto					Channe	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete					Onlarge	[_] Addition	
TITLE	STREET ADDRESS			STREET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	JACKSONVILLE FL 32209		CITY-ST-ZIP		_				
STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		-: . -	7 Fr= 145			☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change A Change A Change A Change A Change A Change A Change Change A Change A Change Change A Change Change Change Change Change A CHY-ST-ZIP		ţ			i					
TITLE Delete TITLE Change A NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change A NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP										
NAME STREET ADDRESS CITY-ST-ZIP CITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange AME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		<u></u>	□ Delete		-,			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP CITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange ANAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP			☐ Delete					Change		
TITLE Delete TITLE Delete TITLE Change A NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS			•			
NAME STREET ADDRESS OTTY-ST-ZIP OTTY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP	·					
STREET ADDRESS OTTY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	ITLE		☐ Delete	TITLE	• •	<u>_</u>		☐ Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP	NAME			NAME	Ì					
UT D Late ■ TITLE	CITY-ST-ZIP			CITY-ST-ZIP			<u> </u>			
	ITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS STREET ADDRESS										
STREET ADDRESS STREET ADDRESS CITY-ST-ZIP									İ	

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:

Daytime Phone #