FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

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99 OCT 18 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000005015**

1. Corporation Name
UNIVERSAL CLEANING SERVICE, INC.

Principal Place of Business	Mailing Address
1833 HALSTEAD BLVD. #1316 TALLAHASSEE FL 32308	1833 HALSTEAD BLVD. #1316 TALLAHASSEE FL 32308

3-9-99. 90075 046- $ 158.75
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/1998

2. Principal Place of Business 21 26 OCEAN CREST DR.	2a. Mailing Address 26 26 OCEAN CREST DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ORMOND BEACH, FL	City & State 28 ORMOND BEACH, FL
Zip 24 32176 Country 25 USA	Zip 29 32176 Country 30 USA

4. FEI Number: 59-3496595 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JAKUBOWSKI, WALDEMAR
1833 HALSTEAD BLVD, #1316
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name: JAKUBOWSKI, WALDEMAR
82 Street Address (P.O. Box Number is Not Acceptable): 26 OCEAN CREST DRIVE
83
84 City: ORMOND BEACH FL 85 Zip Code: 32176

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12 OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KAMILA JANOSKOVA	1.2 NAME	
STREET ADDRESS	26 OCEAN CREST DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Waldemar Jakubowski	2.2 NAME	
STREET ADDRESS	26 Ocean Crest Dr.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Ormond Beach FL 32176	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Waldemar P. Jakubowski 02 22 1999 904 441 88 18
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #