

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 02, 2001 8:00 am**
Secretary of State

04-02-2001 90359 039 ***150.00

036870

DOCUMENT # P98000008861

1. Entity Name

JANITORS USA INC.

Principal Place of Business

**2300 2ND STREET SOUTH
ST. PETERSBURG FL 33705**

Mailing Address

**19321-C US HWY 19N
STE 601
CLEARWATER FL 33764**

2. Principal Place of Business

2601 FLORIDA AVE. S.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

City & State

Zip

33705

Country

Zip

Country

4. FEI Number

59-3488191

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BABULA, KRZYSZTOF
2300 2ND STREET SOUTH
ST. PETERSBURG FL 33705**

7. Name and Address of New Registered Agent

Name

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

2601 FLORIDA AVE. S

City

ST PETERSBURG**FL**

Zip Code

33705

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BABULA, KRZYSZTOF**
STREET ADDRESS **2300 2ND STREET SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33705**TITLE **VP** ☐ Delete
NAME **BROOKS, AGNIESZKA**
STREET ADDRESS **2300 2ND STREET SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33705**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2601 FLORIDA AVE S**
CITY-ST-ZIP **ST PETERSBURG FL 33705**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2601 FLORIDA AVE S**
CITY-ST-ZIP **ST. PETERSBURG FL 33705**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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

Daytime Phone #

CR2E034 (10/00)