2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or changed, or on an att

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

SIGNATURE:

DOCUMENT # P98000009631 May 17, 2000 8:00 am Secretary of State 1. Entity Name JANITOR JUNCTION, INC. 05-17-2000 90874 034 ***150.00 Principal Place of Business Mailing Address 5220 W. GULF TO LAKE HWY 5220 W. GULF TO LAKE HWY LECANTO FL 34461 LECANTO FL 34461-7401 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3496659 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name عمداني يحاد المياي وجايات LARDER, WILLIAM H JR Street Address (P.O. Box Number is Not Acceptable) 5220 W. GULF TO LAKE HWY LECANTO FL 34461 Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change LARDER, LÓLA A NAME NAME 1002 N. ROCK CRUSHER RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CRYSTAL RIVER FL 34429** VST ☐ Change ☐ Addition ☐ Delete TITLE TITLE LARDER, WILLIAM H JR NAME NAME 1002 N. ROCK CRUSHER RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER FL 34429 CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 supplied with this filling 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 supplied by the same legal effect as if made under oath; that I am an officer or director of the corporation or the receipt or this tee empowered to exempt this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 11 or Block 12 if rue and Exercite this report vered to exercite this report thall other like empowered.