

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041841

1. Entity Name

AINSLEY'S-PORTER AND JANITORIAL SERVICES, INC.

FILED

Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90102 017 ***150.00

Principal Place of Business

Mailing Address

241 NW 43RD AVE
PLANTATION FL 33317

241 NW 43RD AVE
PLANTATION FL 33317-3115

2. Principal Place of Business

2020 W. McNab RD

3. Mailing Address

PO Box 15095

Suite, Apt. #, etc.

Suite 122

Suite, Apt. #, etc.

~~15095~~

City & State

FT. Lauderdale FL

City & State

Plantation, FL

Zip

33069

Country

USA

Zip

33318

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0831352

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAUGHTON, AINSLEY
241 NW 43RD AVE
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name

Neola Edwards

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

2020 W. McNab Rd

City

Suite 122

FT. Lauderdale

FL

Zip Code

33069

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 *Neola Edwards*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/15/00

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, 2000 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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	HAUGHTON, AINSLEY	
STREET ADDRESS	241 NW 43RD AVE	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEOLA EDWARDS	
STREET ADDRESS	12621 NW 14th	
CITY-ST-ZIP	Sunrise FL 33323	
TITLE	VIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ainsley Haughton	
STREET ADDRESS	2543 NW 49th Ave #203	
CITY-ST-ZIP	Lauderdale Lakes FL 33313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Neola Edwards*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/00

954-956-9484

Daytime Phone #

CR2E034 (9/99)