

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90031 042 \*\*\*150.00

**DOCUMENT # P98000061671**

1. Entity Name

**AFFILIATED JANITOR SUPPLY OF CENTRAL FLORIDA, IN**

Principal Place of Business

Mailing Address

15510 N. NEBRASKA AVE.  
 FL 33549

15510 N. NEBRASKA AVE.  
 PO BOX 1952  
 LUTZ FL 33548-1952  
 US

2. Principal Place of Business

3. Mailing Address

*P.O. Box 1925*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*LUTZ, FL.*

Zip

Country

Zip

Country

*33548-1925 HILLSBOROUGH*

4. FEI Number

**65-0847032**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KINYON, ROBERT**  
**15510 N. NEBRASKA AVE.**  
**TAMPA FL 33549**

Name

*HELEN A. KINYON*

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

*15510 N. NEBRASKA AVE.*

City

*LUTZ*

FL

Zip Code

*33549*

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 *HELEN A. KINYON*  
 Signature, typed or printed name of registered agent and title if applicable.

*HELEN A. KINYON*  
 (NOTE: Registered Agent signature required when reinstating)

*3/6/00*  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KINYON, ROBERT	
STREET ADDRESS	15510 N. NEBRASKA AVE.	
CITY-ST-ZIP	TAMPA FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	KINYON, HELEN	
STREET ADDRESS	15510 N. NEBRASKA AVE.	
CITY-ST-ZIP	TAMPA FL 33549	
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		

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		
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: *HELEN A. KINYON* **WIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *8/3-971-4567*  
 Daytime Phone #

CR2E034 (9/99)