

2000 UNIFORM BUSINESS REPORT (UBR)

3/24.

FILED

May 15, 2000 8:00 am
Secretary of State

03-24-2000 90080 045 ***150.00

DOCUMENT # P98000077736

1. Entity Name
FEDERAL JANITORIAL SERVICES, INC.

| | |
|---|--|
| Principal Place of Business 0893 FOREST HILL BLVD. WEST PALM BEACH FL 33406 | Mailing Address 3093 FOREST HILL BLVD. WEST PALM BEACH FL 33405-6254 |
|---|--|

| | |
|--|--|
| 2. Principal Place of Business P.O. BOX 6254 | 3. Mailing Address P.O. BOX 6254 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|---|---|
| City & State West Palm Beach, Florida | City & State West Palm Beach, Florida |
| Zip 33405 | Zip 33405 |
| Country USA. | Country USA. |



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-0862990 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent GILL, PAVEL R 1750 15TH AVE N LAKE WORTH FL 33460 | 7. Name and Address of New Registered Agent Name GILL, PAVEL R Street Address (P.O. Box Number is Not Acceptable) 4608 GARDEN AVE City West Palm Beach FL Zip Code 33405 |
|---|---|

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **3/6/00**

| | | |
|--|---|---|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---|---|--|
| TITLE D | <input type="checkbox"/> Delete GILL, PAVEL R 1750 15TH AVE N LAKE WORTH FL 33460 | TITLE PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GILL, PAVEL R 4608 GARDEN AVE WPB, FL 33405 (West Palm Beach) |
| TITLE | <input type="checkbox"/> Delete | TITLE DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SANTOS WILLIAMS 4608 GARDEN AVENUE WEST PALM BEACH FL 33405 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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]* SIGNATURE REQUIRED: **3/6/00** 561-357-8886
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)