

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078473

1. Entity Name

JANITORIAL MANAGEMENT PROFESSIONALS, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90068 004 ***150.00

Principal Place of Business

Mailing Address

4405 S. INDIAN RIVER DRIVE
FORT PIERCE FL 34982

4405 S. INDIAN RIVER DRIVE
FORT PIERCE FL 34982-7767

00074460



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Calders Course
Suite, Apt. #, etc.

Suite, Apt. #, etc.

21001 NW 27 Ave
City & State
OPALOCKA, Florida

City & State

4. FEI Number 65-0862631

Applied For
Not Applicable

Zip 33056 Country USA

Zip Country

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

PIERPONT, J M
4405 S. INDIAN RIVER DRIVE
FORT PIERCE FL 34982

Name

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

City

FL

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

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 PD
NAME PIERPONT, J M
STREET ADDRESS 4405 S. INDIAN RIVER DRIVE
CITY-ST-ZIP FORT PIERCE FL 34982 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME PIERPONT, MARIA H
STREET ADDRESS 4405 S. INDIAN RIVER DRIVE
CITY-ST-ZIP FORT PIERCE FL 34982 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME DRISCOLL, JOHN J
STREET ADDRESS 11307 N.W. 7TH STREET
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME Lynch, Anne Marie
STREET ADDRESS 5541 Teal Terrace
CITY-ST-ZIP Ft. Pierce, FL 34982 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. M. Pierpont

Date

Daytime Phone #

4-19-00 305 474 9464