

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P980000100720**  
 1. Entity Name  
**CENTRAL FLORIDA JANITORIAL SERVICES, INC**

FILED

01 SEP 28 AM 9:56

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address **SAME**  
**5857 TRAILWOOD DRIVE**  
**PORT ORANGE, FL. 32127**

2. Principal Place of Business 3. Mailing Address  
**PORT ORANGE, FL. 5857 TRAILWOOD DR.**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**SAME AS ABOVE**

DO NOT WRITE IN THIS SPACE

City & State City & State 4. EEL Number Applied For  
**PORT ORANGE FL 59355 4054** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
**32127 VOLUSIA 32127 VOLUSIA**

6. Name and Address of Current Registered Agent  
**PRISCILLA J. HENDERSON**  
**5857 TRAILWOOD DRIVE**  
**PORT ORANGE, FL. 32127**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

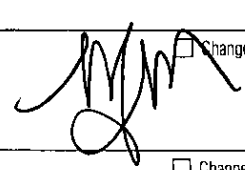
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
 SIGNATURE **Priscilla J. Henderson - Priscilla J. Henderson** 9/23/01  
Signature, typed or printed name of registered agent and title if applicable. (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  **FILE NOW!!! FEE IS \$150.00**  
(See criteria on back) **After MAY 1, 2001, 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. **PRESIDENT** OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRISCILLA J. Henderson</b> <input type="checkbox"/> Delete <b>5857 TRAILWOOD DR.</b> <b>PORT ORANGE, FL. 32127</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice - President</b> <input type="checkbox"/> Delete <b>LARRY M. Henderson</b> <b>5857 TRAILWOOD DR.</b> <b>PORT ORANGE, FL. 32127</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>No CHANGES</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500004642025</b> <input type="checkbox"/> Addition <b>-10/18/01--01067--005</b> <b>***300.00 ***300.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>REINSTATEMENT 2000-01</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: **Priscilla J. Henderson** 9/23/01 (386) 756-1631  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/00)