

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90083 048 ***550.00

DOCUMENT # P99000001336

1. Entity Name
JANITORIAL CITY, INC.



Principal Place of Business
14848 OLD 41, #15
NAPLES FL 34110

Mailing Address
14848 OLD 41, #15
NAPLES FL 34110

2. Principal Place of Business
14848 Old 41 #7

3. Mailing Address
14848 Old 41 #7

Suite, Apt. #, etc.
Naples FBL

Suite, Apt. #, etc.
Naples FL

City & State

City & State

34110

34110

Zip

Country

Zip

Country



☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number **59-3550619**

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

MOSBACH, ROBERT G JR
14848 OLD 41, #15
NAPLES FL 34110

Name
Mosbach, Robert G Jr
Street Address (P.O. Box Number is Not Acceptable)
14848 Old 41 #7

City **Naples** **FL** **Zip Code** **34110**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **MOSBACH, ROBERT G JR**
STREET ADDRESS **14848 OLD 41, #15**
CITY-ST-ZIP **NAPLES FL 34110**

☒ **Change** ☐ **Addition**
TITLE
NAME **Mosbach, Robert G Jr**
STREET ADDRESS **14848 Old 41 #7**
CITY-ST-ZIP **Naples FL 34110**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **Robert Mosbach** **9-7-03** **239-566-1113**

CR2E034 (4/03)