

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039929

1. Entity Name

UNLIMITED JANITORIAL SERVICES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90155 024 ***150.00

Principal Place of Business

Mailing Address

ONE SE 3RD AVE., SUITE 2200
MIAMI FL 33131

ONE SE 3RD AVE., SUITE 2200
MIAMI FL 33131-1716

2. Principal Place of Business

3. Mailing Address

4235 Maine Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Land FL

City & State

Zip

33801

Country

Polk

Zip

Country

4. FEI Number

650918720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACAULAY, ROBERT B
ONE SE 3RD AVE., SUITE 2200
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Kevin Green

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

4235 Maine Ave

City

Lakeland

FL

Zip Code

33801

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/00

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

TITLE D
NAME MONTEALEGRE-ISERN, ALEJANDRO ☐ Delete
STREET ADDRESS P. O. BOX 1238-1000
CITY-ST-ZIP SAN JOSE, COSTA RICA

TITLE Sec
NAME Kevin Green ☐ Delete
STREET ADDRESS 4235 Maine Ave
CITY-ST-ZIP Lakeland FL 33801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE Sec
NAME Kevin Green ☐ Change ☒ Addition
STREET ADDRESS 4235 Maine Ave
CITY-ST-ZIP Lakeland FL 33801

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

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

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

TITLE ☐ Change ☐ 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:

Kevin Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 88 258 0555

CR2E034 (9/99)