

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062932

1. Entity Name

PINELLAS JANITORAL SERVICE, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90105 032 ***150.00

Principal Place of Business

700 S KEYSTONE AVENUE
CLEARWATER FL 33756

Mailing Address

700 S KEYSTONE AVENUE
CLEARWATER FL 33756-6226

2. Principal Place of Business

Same As Above
Suite, Apt. #, etc.

3. Mailing Address

Same As Above
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

593586885

Applied For

Not Applicable

Zip

Country

Pinellas

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

~~ACCOUNTING & TAX HELP, INC.
8668 PARK BLVD SUITE A
SEMINOLE FL 33777~~

Name
Randell W. Pease
Street Address (P.O. Box Number is Not Acceptable)
700 S. Keystone Ave
Clearwater
City
FL Zip Code 33756

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/19/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
NAME	Randy Pease	
STREET ADDRESS	700 S. Keystone Ave.	
CITY-ST-ZIP	Clearwater FL 33756	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Mary Pease	
STREET ADDRESS	700 S. Keystone Ave.	
CITY-ST-ZIP	Clearwater FL 33756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 attached report with an address with an officer like empowered.

SIGNATURE: Mary Pease 4/19/00 727-442-0587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)