

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-29-2002 90125 034 ***150.00

DOCUMENT # *PA000088501* ✓
1. Entity Name
Top Janitorial Services USA Inc

DO NOT WRITE IN THIS SPACE

87875

2. Principal Place of Business
2486 Burnice Dr
Suite, Apt. #, etc.

3. Mailing Address
2486 Burnice Dr
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Clearwater FL

City & State
Clearwater FL

4. FEI Number Applied For
Not Applicable

Zip
33764 Country

Zip
33764 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name *MICHAEL D. PASEK*
Street Address (P.O. Box Number is Not Acceptable)
4851 85th Ave
City *PINELLAS PARK FL* Zip Code *33781*

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 *MICHAEL D. PASEK*
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)
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 (only officer)			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President (only officer)</i> <i>Marion Rehanek</i> <i>2486 Burnice Dr</i> <i>Clearwater, FL 33764</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>← president of the corporation (only officer)</i>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Marion Rehanek* *4-10-02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

President (only officer)

CR2E034B (12/01)