

# 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 # *P9000088501* ✓  
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

**DO NOT WRITE IN THIS SPACE**

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)