

**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 # *P9000088561* ✓
1. Entity Name
Top Janitorial Services USA Inc

DO NOT WRITE IN THIS SPACE

87875

2. Principal Place of Business <i>2486 Burnice Dr</i>		3. Mailing Address <i>2486 Burnice Dr</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Clearwater FL</i>		City & State <i>Clearwater FL</i>	
Zip <i>33764</i>	Country	Zip <i>33764</i>	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

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

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* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS (only officer)			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Marian 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: *Marian Rehanek* Date *4-10-02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President (only officer)

CR2E034B (12/01)