

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90129 031 ***150.00

0492316 AV

DOCUMENT # **P99000088561**

1. Entity Name
TOP JANITORIAL SERVICES USA INC.



Principal Place of Business
**2486 BURNICE DR.
CLEARWATER FL 33764**

Mailing Address
**2486 BURNICE DR.
CLEARWATER FL 33764**

2. Principal Place of Business
9787 65TH WAY

3. Mailing Address
SAME

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
PINELLAS PARK

City & State

4. FEI Number **59-3600477** Applied For
Not Applicable

Zip **33782** Country Zip Country

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

6. Name and Address of Current Registered Agent
**PASEK, MICHAEL
4851 85 AV
PINELLAS PARK FL 33781**

7. Name and Address of New Registered Agent
Name **MARIAN REKAWEK**
Street Address (P.O. Box Number is Not Acceptable)
9787 65TH WAY
City **PINELLAS PARK FL** Zip Code **33782**

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE *Marian Rekawek* **MARIAN REKAWEK** **4/29/03**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REKAWEK, MARIAN 2486 BURNICE DR. CLEARWATER FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9787 65TH WAY PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marian Rekawek* **MARIAN REKAWEK** **4/29/03** **727-547-1859**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)