## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

ST. PETERSBURG FL 33702-5860

7230 4 ST N

## **DOCUMENT # \$72149**

1. Entity Name

7230 4 ST N #2404

US

SIGNATURE:

Principal Place of Business

ST. PETERSBURG FL 33702

PROFESSIONAL JANITOR SERVICES, INC.

2. Principal Place of Business		3. Mailing Address				
Suite, Apt	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & Sta	ite	City & State	<del> </del>	4. FEI Number 59-3047174 Applied For Not Applied		
Zip	Country	Zíp .	Country	5. Certificate of Status Desired S8.75 Additional Fee.Required		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
			Name			
732	FOX, DALE SCOTT 7320 4 STN #2404 ST. PETERSBURG FL 33702			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL Zip Code		
8. The above	e named entity submits this statement fo	r the purpose of changing its	registered office or reg	gistered agent, or both, in the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature re	required when reinstating) DATE		
Tax filing	oporation is eligible to satisfy its Intangible requirement and elects to do so. eria on back)	After MAY 1, 20	!! FEE IS \$150.00 00 Fee will be \$550. le to Department of	Trust runo Continuution. La Added to rees		
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FOX, SCOTT DALE 7230 4 ST N #2404 ST PETERSBURG FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addi		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addi		
indicate	certify that the information supplied with d on this report or supplemental report is	trus filing does not qualify for true and accurate and that r	r the exemption stated ny signature shall have	I in Section 119.07(3)(i), Florida Statutes. I further certify that the information eithe same legal effect as if made under oath; that I am an officer or direct or 607. Evide Statutes; and that my came appears in Block 11.0 Ricck 11.0 Ricc		

**FILED** 

Apr 28, 2000 8:00 am Secretary of State

04-28-2000 90078 002 \*\*\*150.00

, jadyjaja ju jadya jada jijai astija jaju anaj astaj aldu, aldu, aldu aldu aldu aldu jaju aldu jada jada ja