

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S72149

1. Entity Name

PROFESSIONAL JANITOR SERVICES, INC.

FILED

Apr 04, 2001 8:00 am  
Secretary of State

04-04-2001 90143 024 \*\*\*150.00

0356993

Principal Place of Business

7230 4 ST N  
#2404  
ST. PETERSBURG FL 33702  
US

Mailing Address

7230 4 ST N  
#2404  
ST. PETERSBURG FL 33702  
US

2. Principal Place of Business

2001- 83 AVE N. #5161

3. Mailing Address

2001- 83 AVE N.

Suite, Apt. #, etc.

#5161

Suite, Apt. #, etc.

#5161

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33702

Country

U.S.A.

Zip

33702

Country

U.S.A.

6. Name and Address of Current Registered Agent

FOX, DALE SCOTT  
7320 4 STN  
#2404  
ST. PETERSBURG FL 33702

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number 59-3047174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

C0042177



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

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
FOX, SCOTT DALE  
7230 4 STREET NORTH #2404  
ST PETERSBURG FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dale Scott Fox DALE SCOTT FOX  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-01  
Date

(727)577-2745  
Daytime Phone #

CR2E034 (10/00)