

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S77320

1. Entity Name

MARTIN COUNTY JANITORIAL SUPPLY, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90074 037 ***150.00

Principal Place of Business

3463 SW DEGGELLER CT
PALM CITY FL 34990
US

Mailing Address

P O BOX 845
PALM CITY FL 34991-0845
US

2. Principal Place of Business

1282-1284 S.W. 34th Street

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 845

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Palm City, FL

City & State
Palm City, FL 34991-0845

4. FEI Number 65-0286459

Applied For

Not Applicable

Zip
34990

Country
US

Zip
34991-0845

Country
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLYNN, NANCY
389 S.W. 35TH ST.
PALM CITY FL 34990

Name

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

City

FL

Zip Code

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
FLYNN, JOSEPH L
389 SW 35TH ST
PALM CITY FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTS
FLYNN, NANCY G
389 SW 35TH ST
PALM CITY FL

☐ Delete

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

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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:

Nancy G. Flynn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy G. Flynn

04/29/00

Date

(561) 283-6141

Daytime Phone #

CR2E034 (9/99)