

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V36576

1. Entity Name

ACTION JANITORIAL SERVICES, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90129 043 \*\*\*150.00

Principal Place of Business

Mailing Address

4000 N. STATE ROAD 7

4000 N. STATE ROAD 7

SUITE 408-A

SUITE 408-A

LAUDERDALE LAKES FL 33319

LAUDERDALE LAKES FL 33319-4864



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7071 W Commercial Blvd  
Suite Apt. #, etc. 2B

7071 W Commercial Blvd  
Suite Apt. #, etc. 2B

City & State  
TAMARAC, FL

City & State  
TAMARAC, FL

Zip Country  
33319 US

Zip Country  
33319 US

4. FEI Number 65-0334050

Applied For  
Not Applicable

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

BUSCH, SCOTT A.

~~4000 N. STATE ROAD 7~~ 7071 W. Commercial Blvd  
~~SUITE 408-A~~ 2B  
~~LAUDERDALE LAKES FL 33319~~ TAMARAC, FL 33319

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 PT  
NAME BUSCH, SCOTT  
STREET ADDRESS 4000 N STATE RD 7  
CITY-ST-ZIP LAUDERDALE LAKES FL ☐ Delete

TITLE PT  
NAME BUSCH, SCOTT  
STREET ADDRESS 1208 NW 107 TERR.  
CITY-ST-ZIP PLANTATION, FL 33322 ☒ Change ☐ Addition

TITLE VPS  
NAME BUSCH, KAREN  
STREET ADDRESS 4000 N STATE RD 7 #408A  
CITY-ST-ZIP LAUDERDALE LAKES FL ☐ Delete

TITLE VPS  
NAME BUSCH, KAREN  
STREET ADDRESS 1208 NW 107 TERR.  
CITY-ST-ZIP PLANTATION, FL 33322 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/00 954-733-9010

CR2E034 (9/99)