## 2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000172013

**Entity Name: NORTHEAST FLORIDA JANITORIAL & MAINTENANCE** 

SERVICES, INC

S

Apr 26, 2021 Secretary of State 9338516914CC

**FILED** 

## **Current Principal Place of Business:**

14300 HUNTERS RIDGE WEST P.O. BOX 99 GLEN ST. MARY, FL 32040

## **Current Mailing Address:**

P.O. BOX 99

GLEN ST. MARY, FL 32040 US

FEI Number: 52-2448351 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BAILES, LARISSA 14300 HUNTERS RIDGE WEST GLEN ST. MARY, FL 32040 US

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: LARISSA E. BAILES 04/26/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title D Title CEO

Name BAILES, LARISSA Name BAILES, LARISSA

Address P.O. BOX 99 Address P.O. BOX 99

City-State-Zip: GLEN ST. MARY FL 32040 City-State-Zip: GLEN ST. MARY FL 32040

Title OFFICER Title OFFICER

Name EVDOKIMOV, ALEXANDRE A. Name BAILES, ANDREI ANDREW

Address P.O. BOX 99 Address P.O. BOX 99

City-State-Zip: GLEN ST. MARY FL 32040 City-State-Zip: GLEN ST. MARY FL 32040

Title OFFICER

Name BAILES, WILLIAM A

Address P.O. BOX 99

City-State-Zip: GLEN ST. MARY FL 32040

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

**OFFICER**