

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 244251

FILED
Feb 17, 2003
Secretary of State

Entity Name: FLORIDA SEPTIC, INC.

Current Principal Place of Business:

21620 SE HAWTHORNE RD
HAWTHORNE, FL 32640

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 545
HAWTHORNE, FL 32640 US

New Mailing Address:

FEI Number: 59-1091650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAUSE, DULCIE I.
21620 SE HAWTHORNE ROAD
HAWTHORNE, FL 32640 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VAUSE, JOAN ELLEN,
Address: 21620 SE HAWTHORNE ROAD
City-St-Zip: HAWTHORNE, FL

Title: VD () Delete
Name: PALMER, SUSAN VAUSE
Address: 21620 SE HAWTHORNE ROAD
City-St-Zip: HAWTHORNE, FL

Title: STD () Delete
Name: VAUSE, DULCIE I
Address: 21620 SE HAWTHORNE ROAD
City-St-Zip: HAWTHORNE, FL

Title: ATD () Delete
Name: VAUSE, NANCY
Address: 21620 SE HAWTHORNE ROAD
City-St-Zip: HAWTHORNE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN VAUSE PALMER

VD

02/17/2003

Electronic Signature of Signing Officer or Director

Date