

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 505301

1. Entity Name

CLIFF'S SEPTIC TANK SERVICE, INC.

Principal Place of Business

18441 HARD ROCK RD
P.O. BOX 10567
BROOKSVILLE FL 34601
US

Mailing Address

18441 HARD ROCK RD
P.O. BOX 10567
BROOKSVILLE FL 34601
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SARTOR, J.R.
24010 CROOM ROAD
BROOKSVILLE FL 34601

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SARTOR, JOHN R
STREET ADDRESS 24010 CROOM OAD
CITY-ST-ZIP BROOKSVILLE, FL 00000 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Change ☒ Addition
NAME SARTOR JR., JOHN R.
STREET ADDRESS 15041 MIDDLE FAIRWAY DR.
CITY-ST-ZIP BROOKSVILLE, FL 34609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Change ☒ Addition
NAME SARTOR, JASON M.
STREET ADDRESS ~~114 S MAIN STREET~~
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *John R. Sartor*

JOHN R. SARTOR

4/4/01

352-796-4540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90121 012 ***150.00

041701



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1674142

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)