## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Jul 31, 2002 8:00 am Secretary of State P00000101742 DOCUMENT # 1. Entity Name 07-31-2002 90103 012 \*\*\*550 00 ABSOLUTE SEPTIC SERVICES, INC. Principal Place of Business Mailing Address POST OFFICE BOX 51 POST OFFICE BOX 51 MINNEOLA FL 34755 MINNEOLA FL 34755 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3686711 Not Applicable Zip 🕏 Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAY, CRAIG B JR. Street Address (P.O. Box Number is Not Acceptable) 18638 S.R. 19 **GROVELAND FL 34736** City 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. I am familiar with, and accept 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete Addition MAY, CRAIG JR NAME STREET ADDRESS 18638 SR 19 STREET ADDRESS CITY-ST-ZIP **GROVELAND FL** CITY-ST-ZIP ST ☐ Delete TITLE TITLE ☐ Addition ☐ Change MAY, MELISSA NAME NAME STREET ADDRESS 18638 SR 19 STREET ADDRESS GROVELAND FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change

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; changed, or on an attachment

CITY-ST-ZIP

STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

Addition