

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000008841

1. Entity Name

SEPTIC AND SEWER, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90026 001 \*\*\*150.00

0536416

Principal Place of Business

Mailing Address

~~17550 CAPPER LANE~~  
~~ESTERO FL 33928~~17550 CAPPER LANE  
ESTERO FL 33928

764386

2. Principal Place of Business

3. Mailing Address

13110 Rickenbacker Parkway  
Suite, Apt. #, etc.13110 Rickenbacker Parkway  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Fort Myers, FL

Zip

33913

Country

City &amp; State

Fort Myers, FL

Zip

33913

Country

4. FEI Number 65-0392800

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

CASTER, DAVID J  
17550 CAPPER LANE  
ESTERO FL 33928

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 State10. 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
CASTER, DAVID J.  
17550 CAPPER LANE  
ESTERO FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
WARNER, JIMMY R.  
17550 CAPPER LANE  
ESTERO FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
CASTER, JANET A  
17550 CAPPER LANE  
ESTERO FL ☐ DeleteTITLE  
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☐ DeleteTITLE  
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☐ Change ☐ AdditionTITLE  
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:

Janet A. Caster  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4-30-01 0941225-2250  
Date Daytime Phone #

CR2E034 (10/00)