## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P98000058425 May 15, 2000 8:00 am Secretary of State COKER SEPTIC, INC. 03-27-2000 90065 044 \*\*\*150.00 Mailing Address Principal Place of Business 6022 SW 35TH CT 6022 SW 35TH CT MIRAMAR FL MIRAMAR FL 33023-5166 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0561215 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRED G. PRICHASON, P.A. Street Address (P.O. Box Number is Not Acceptable) 16931 NE 6TH AVE NORTH MIAMI BEACH FL 33162 Zip Code City 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) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00. Tax filing requirement and elects to do so. Trust Funa Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition CR2E034 (9/99) ☐ Change PTD TITLE ☐ Delete TITLE TUFFY, JOHN NAME NAME 19030 NORTH BAY RD STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP MIAMI FL 33139 Addition Delete ☐ Change TITLE TITLE NAME . woodard, mark STREET ADDRESS STREET ADDRESS 6022 SW 35 CT CITY-ST-ZIP CITY-ST-7IP MIRAMAR FL 33023 Change Addition Delete TITLE TITLE TRAPANESE, ALBERT NAME STREET ADDRESS STREET ADDRESS 6022 SW 35 CT CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33023 ☐ Addition []] Change 🗆 Oelete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 07(3)(i), Florida Statutes. I further certify that the information al effect as if made under oath, that I am an officer or director Statutes: and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filling does not qualify for the exemption state indicated on this report or supplemental report is true and accurate and that my signature shall hap of the corporation or the receiver or trustee empowered to execute this report as required by Chan changed, or on an attachment with an address, with all other like empowered. BRINDAR RECURRE SIGNATURE: \_

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR