

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 91103 013 \*\*\*158.75

**DOCUMENT # 458734**

1. Entity Name

**A AADVANCE SEPTIC AND DRAIN SERVICE, INC.**

Principal Place of Business

2750 SW 154TH AVE  
 DAVIE FL 33331  
 US

Mailing Address

P.O. BOX 292444  
 DAVIE FL 33329  
 US

340000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10400 CRIPPTON PARK  
 Suite, Apt. #, etc.  
 304 C

3. Mailing Address

P.O. BOX 269117  
 Suite, Apt. #, etc.

City & State

CORPON CITY FL

City & State

WESTON FL

Zip

33328

Country

USA

Zip

33326

Country

USA

4. FEI Number

59-1635398

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSENFELDT, JOSEPH S.  
 1135 FAIRFAX LANE  
 WESTON FL 33326

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	P	<input type="checkbox"/> Delete
NAME	ROSENFELDT, LORETTA	
STREET ADDRESS	1135 FAIRFAX LANE	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROSENFELDT, MINDY S.	
STREET ADDRESS	2750 SW 154TH AVE	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROSENFELDT, WENDY F.	
STREET ADDRESS	1135 FAIRFAX LN	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROSENFELDT, STUART A.	
STREET ADDRESS	201 S.W. 8 TERRACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Myndi Rosenfeldt	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6921 SW 173 Way	
STREET ADDRESS	Southwest Ranches FL 33331	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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. [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Loretta Rosenfeldt*

4-24-01

Date

954-252-1615

Daytime Phone #

CR2E034 (10/00)