

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 555335**

1. Entity Name

SOUTHERN SEPTIC AND DRAINAGE, INC.**FILED**
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90385 003 ***150.00

011732

Principal Place of Business

Mailing Address

~~29200 OLD DIXIE HWY~~
~~HOMESTEAD FL 33033~~~~29200 OLD DIXIE HWY~~
~~HOMESTEAD FL 33033~~1037 NW 4th St.
Homestead, FL 3303016380 SW 288 St.
Homestead, FL 33033**734698**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0034594**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COKER, JOHN~~24390 SW 207TH AVE~~
~~HOMESTEAD FL 33030~~16380 SW 288 St
Homestead, FL 33033

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 **P** ☐ Delete
NAME **COKER, JOHN**
STREET ADDRESS ~~29200 OLD DIXIE HWY~~
CITY-ST-ZIP ~~HOMESTEAD FL~~TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **16380 SW 288 St**
CITY-ST-ZIP **Homestead, FL 33033**TITLE **V** ☐ Delete
NAME **COKER, CHARLENE**
STREET ADDRESS ~~29200 OLD DIXIE HWY~~
CITY-ST-ZIP ~~HOMESTEAD FL~~TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **16380 SW 288 St.**
CITY-ST-ZIP **Homestead, FL 33033**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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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: Charlene K Coker Charlene K Coker 3/26/01 305-247-4127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED34 (10/00)