2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **F77510** Mar 10, 2000 8:00 am 1. Entity Name SEBRING SEPTIC TANK & PRECAST CO., INC. **Secretary of State** 03-10-2000 90011 004 ***150.00 Mailing Address Principal Place of Business 8037 COMMERCIAL BLVD. 8037 COMMERCIAL BLVD. SEBRING FL 33870-6616 SEBRING FL 33870 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-2182263 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COPELAND, ROY B Street Address (P.O. Box Number is Not Acceptable) 8037 COMMERCIAL BLVD SEBRING FL 33870 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/99) DP TITLE Change Addition TITLE Delete COPELAND, ROY B. SR. NAME NAME STREET ADDRESS STREET ADDRESS 8037 COMMERCIAL BLVD CITY-ST-ZIP CITY-ST-ZIP SEBRING, FL 00000 ☐ Change Addition ☐ Delete TITLE COPELAND, WARREN D. NAME STREET ADDRESS 1711 RECREATION DR. STREET ADDRESS CITY-ST-ZIP SEBRING FL CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE COPELAND: SANDRA B - -NAME 8037 COMMERCIAL BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING FL CITY-ST-ZIP Addition Change ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

NG OFFICER OR DIRECTOR