

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002386

1. Entity Name

C & J SEPTIC TANK, INC.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90098 010 ***150.00

Principal Place of Business Mailing Address
6631 APPLETON RD 6631 APPLETON RD
BREWTON AL 36426 BREWTON AL 36426-3214

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 63-1126713 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

CODY, CHERYL
4025 PACE RD.
PACE FL 32571

Name Luennette Rowell
Street Address (P.O. Box Number is Not Acceptable)
1567 PUNNETTE RD
City PACE FL Zip Code 32571

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 Luennette Rowell Luennette Rowell 3-9-00
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, 2000 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	PC	<input type="checkbox"/> Delete
NAME	CASEY, MASON J	
STREET ADDRESS	6631 APPLETON RD	
CITY-ST-ZIP	BREWTON AL 36426	
TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	CASEY, CHARLOTTE A	
STREET ADDRESS	6631 APPLETON RD	
CITY-ST-ZIP	BREWTON AL 36426	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Mason John Casey MASON JOHN CASEY 4-25-00 (850-983-8444)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)