

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90059 044 ***150.00

DOCUMENT # **H22248**

1. Entity Name
CRAIG SEPTIC TANK SERVICE, INC.

Principal Place of Business
14607 MASCOTTE EMPIRE RD
GROVELAND FL 34736
US

Mailing Address
14607 MASCOTTE EMPIRE CHURCH RD.
PO BOX 395
MASCOTTE FL 34753



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

14607 Mascotte

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Empire Rd

City & State

City & State

Groveland FL

4. FEI Number **59-2459628**

Applied For

Not Applicable

Zip

Country

Zip

Country

34736

USA

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

CRAIG, KYLE
14607 MASCOTTE EMPIRE CHURCH RD
MASCOTTE FL 34753

Name **Kyle Craig**

Street Address (P.O. Box Number is Not Acceptable)

14607 MASCOTTE EMPIRE Rd

City **Groveland**

FL

Zip Code **34736**

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 *Kyle Craig*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-01

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 **PST** ☐ Delete
 NAME **CRAIG, KYLE**
 STREET ADDRESS **14607 MASCOTTE EMPIRE CH**
 CITY-ST-ZIP **GROVELAND FL**

TITLE **PVT** ☒ Change ☐ Addition
 NAME **CRAIG, KYLE**
 STREET ADDRESS **14607 Mascotte Empire Rd.**
 CITY-ST-ZIP **Groveland FL 34736**

TITLE **D** ☒ Delete
 NAME **CRAIG, KYLE**
 STREET ADDRESS **14607 MASCOTTE EMPIRE CH**
 CITY-ST-ZIP **GROVELAND FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **S CRAIG, RUTH**
 STREET ADDRESS **14607 Mascotte Empire Rd**
 CITY-ST-ZIP **Groveland FL 34736**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Kyle Craig*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-01 352 429-3496

CR2E034 (10/00)