

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State
 03-04-2002 90017 049 ***150.00

MADE IN FLA

DOCUMENT # K49749

1. Entity Name
AAA-1-PORTABLE SANITATION, INC.

| | |
|--|--|
| Principal Place of Business 19200 PEACHLAND BLVD. P.O. BOX 2715 PORT CHARLOTTE FL 33949-9715 | Mailing Address 19200 PEACHLAND BLVD. P.O. BOX 2715 PORT CHARLOTTE FL 33949-9715 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address P.O. Box 494827 Suite, Apt. #, etc. |
| City & State PORT CHARLOTTE, FL | City & State PORT CHARLOTTE, FL |
| Zip 33949 | Country US |

| | |
|------------------------------------|--|
| 4. FEI Number 65-0110506 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CLEMENTE, STEVEN R
 19200 PEACHLAND BLVD
 PT CHARLOTTE FL 33952**

7. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State 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 _____ (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, 2002 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 | NAME | STREET ADDRESS CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS CITY-ST-ZIP |
| | ST CLEMENTE, MICHAEL D JR | 10 BALDUR DRIVE PORT CHARLOTTE FL | | | |
| | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | NAME | STREET ADDRESS CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS CITY-ST-ZIP |
| | P CLEMENTE, STEVEN R | 456 MILLPORT STREET PORT CHARLOTTE FL | | | |
| | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | NAME | STREET ADDRESS CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS CITY-ST-ZIP |
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| | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| | | | | | |
| | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/02 941-629-2665
 Date Daytime Phone #

CR2E034 (9/01)