

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K79028

1. Entity Name
R & R SEWAGE LIFT STATION SERVICES, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90043 015 ***150.00

Principal Place of Business
11612 GROVEWOOD AVENUE
THONOTOSASSA FL 33592

Mailing Address
11612 GROVEWOOD AVENUE
THONOTOSASSA FL 33592-3144



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2940080		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMITH, RUTH 11612 GROVEWOOD AVENUE THONOTOSASSA FL 33592		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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, 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	DP	TITLE	
NAME	SMITH, DOUGLAS R.	NAME	
STREET ADDRESS	11612 GROVEWOOD AVENUE	STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL	CITY-ST-ZIP	
TITLE	DV	TITLE	
NAME	SMITH, RUTH R.	NAME	
STREET ADDRESS	11612 GROVEWOOD AVENUE	STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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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: *Ruth R. Smith* **813-986 1007**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)