2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment w

SIGNATURE:

with all other like empowered.

Mar 04, 2002 8:00 am Secretary of State K82739 DOCUMENT # 1. Entity Name 03-04-2002 90017 043 ***150.00 FAN'S PORTABLE SANITATION COMPANY, INC. Principal Place of Business Mailing Address 19200 PEACHLAND BLVD. 19200 PEACHLAND BLVD. P.O. BOX 2715 P.O. BOX 2715 PORT CHARLOTTE FL 33949-9715 PORT CHARLOTTE FL 33949-9715 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. EEI Number Applied For City & State HARLOTE. --- --- -- 65-0110304-Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLEMENTE, MICHAEL D JR Street Address (P.O. Box Number is Not Acceptable) 19200 PEACHLAND BLVD. PORT CHARLOTTE FL 33952 Zip Code 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE Change TITLE ☐ Delete NAME CLEMENTE, MICHAEL D JR NAME 10 BALDUR DRIVE STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE CLEMENTE, STEVEN R NAME NAME STREET ADDRESS STREET ADDRESS 456 MILLPORT, STREET PORT CHARLOTTE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ■ Addition TITLE ☐ Delete 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 received or distance in Block 11 or Block 12 if

Date

Daytime Phone #

FILED