

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K90675

1. Entity Name
JACK CARROLL SEPTIC, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90089 024 ***158.75

Principal Place of Business
2700 VIKING AVE.
PUNTA GORDA FL 33950
US

Mailing Address
PO BOX 510729
PUNTA GORDA FL 33951-0729
US

2. Principal Place of Business
2700 Viking Ave
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 510370
Suite, Apt. #, etc.

City & State
Punta Gorda, FL
Zip Country

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Punta Gorda, FL
Zip Country

4. FEI Number 65-0110786

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARROLL, ALAN
35041 Washington Loop Rd.
PUNTA GORDA FL 33982

7. Name and Address of ~~Now~~ Registered Agent

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

TITLE S
NAME CARROLL, ALAN ☐ Delete
STREET ADDRESS 35041 Washington Loop Rd.
CITY-ST-ZIP PUNTA GORDA FL 33982

TITLE PVPT
NAME CARROLL, ALAN ☐ Delete
STREET ADDRESS 35041 Washington Loop Rd.
CITY-ST-ZIP PUNTA GORDA FL 33982

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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: Alan Carroll ALAN CARROLL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-639 8386

Date Daytime Phone #

0537815

CR2E034 (10/00)