

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00033**

1. Entity Name  
**B & B Septic and Environmental Services, Inc.**

Principal Place of Business Mailing Address  
**1585 Kepler Rd. 9000 Regency Sq. Blvd.**  
**Deland, FL 32721 Ste. 202**  
**Jacksonville, FL 32211**

2. Principal Place of Business 3. Mailing Address  
**1585 Kepler Rd. 9000 Regency Sq. Blvd.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**202**

City & State City & State  
**Deland, FL Jacksonville, FL**

Zip Country Zip Country  
**32721 Duval 32211**

## 6. Name and Address of Current Registered Agent

**Michael E. Ricks**  
**6249 Lake Dr.**  
**Starke, FL 32091**

## 7. Name and Address of New 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 *Michael E. Ricks* DATE 1-17-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	President	<input type="checkbox"/> Delete
NAME	Michael E. Ricks	
STREET ADDRESS	6249 Lake Dr.	
CITY-ST-ZIP	Starke, FL 32091	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	William B. Gray	
STREET ADDRESS	9000 Regency Sq. Blvd. #202	
CITY-ST-ZIP	Jacksonville, FL 32211	
TITLE	Director	<input type="checkbox"/> Delete
NAME	William B. Gray	
STREET ADDRESS	9000 Regency Sq. Blvd. #202	
CITY-ST-ZIP	Jacksonville, FL 32211	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Thomas Fey	
STREET ADDRESS	9000 Regency Sq. Blvd. #202	
CITY-ST-ZIP	Jacksonville, FL 32211	
TITLE	Director	<input type="checkbox"/> Delete
NAME	John Poser	
STREET ADDRESS	9000 Regency Sq. Blvd. #202	
CITY-ST-ZIP	Jacksonville, FL 32211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *William B. Gray* William B. Gray 1/16/01 904-721-7557  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

APPROVED  
AND  
FILED

01 JAN 18 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2956557** Applied For ☐ Not Applicable ☐

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

004043

CR2E034 (9/99)