

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

AMENDED

DOCUMENT # LO6577

1. Entity Name

T.C. SEPTIC, INC.

FILED

02-AUG 14 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
c/o Donna L. Holter

Suite, Apt. #, etc.
5753 Orange Grove Ave.

City & State
New Port Richey, FL

Zip Country
34652 Pasco

3. Mailing Address
c/o Donna L. Holter

Suite, Apt. #, etc.
5753 Orange Grove Ave.

City & State
New Port Richey, FL

Zip Country
34652 Pasco

4. FEI Number
592991796

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Donna L. Holter

Street Address (P.O. Box Number is Not Acceptable)
5753 Orange Grove Ave.

City **New Port Richey** **FL** Zip Code **34652**

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 *Donna L. Holter*

Signature, typed or printed name of registered agent and title if applicable.

Donna L. Holter, Director & Registered Agent 8/12/02

(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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	D,P HOLTER, J. MICHAEL 5753 ORANGE GROVE AVE. NEW PORT RICHEY, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SHAW, SHARON RENAY 5753 ORANGE GROVE AVE. NEW PORT RICHEY, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200007119432--6
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D,S/T HOLTER, DONNA L. 5753 ORANGE GROVE AVE. NEW PORT RICHEY, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Donna L. Holter* **Donna L. Holter**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/02

Date

(727) 856-5121

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 704567 5020246

AUTHORIZATION : *Patricia Pizit*

COST LIMIT : \$ 61.25

ORDER DATE : August 14, 2002

ORDER TIME : 2:36 PM

ORDER NO. : 704567-005

CUSTOMER NO: 5020246

CUSTOMER: Ms. Nancy Gearhart
Thornton & Torrence, P.a.
Suite One
6645 Ridge Road
Port Richey, FL 34668

AMENDED ANNUAL REPORT FILING

NAME: T.C. SEPTIC, INC.

** file first **

XX AMENDED ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull-EXT#1115

EXAMINER'S INITIALS:

RECEIVED
02 AUG 14 PM 4:01
DIVISION OF STATE
TALLAHASSEE, FLORIDA