

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

DOCUMENT # L06577

1. Entity Name

ABC/T.C. SEPTIC, INC.

\*\*\*AMENDED\*\*\*

FILED

02 AUG 26 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

c/o Donna L. Holter

3. Mailing Address

c/o Donna L. Holter

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5753 Orange Grove Ave.

5753 Orange Grove Ave.

City & State

New Port Richey, FL

City & State

New Port Richey, FL

Zip

34652

Country

Pasco

Zip

34652

Country

Pasco

4. FEI Number

592991796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Donna L. Holter

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

5753 Orange Ave.

City

New Port Richey

FL

Zip Code

34652

**DO NOT WRITE  
IN THIS SPACE**

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*

Donna L. Holter, Director & Registered Agent 8/23/02

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  
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	D/P
NAME	HOLTER, J. MICHAEL
STREET ADDRESS	5753 ORANGE GROVE AVE.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	V.P.
NAME	JOHN RUSSELL SAVAGE
STREET ADDRESS	5753 ORANGE GROVE AVE.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	M/S/T
NAME	DONNA L. HOLTER
STREET ADDRESS	5753 ORANGE GROVE AVE.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	VP
NAME	SHAW, SHARON RENAY
STREET ADDRESS	5753 ORANGE GROVE AVE.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	100008019921-8
CITY-ST-ZIP	-09/25/02--01061-014
	*****61.25 *****61.25
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/02

Date

(727) 856-5121

Daytime Phone #