

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State
 02-21-2000 90026 046 ***150.00

DOCUMENT # L80121

1. Entity Name
UNDERGROUND TANK SPECIALTIES OF SOUTH FLORIDA, I

Principal Place of Business 100 N MILITARY TRAIL #30 PALM BCH FL 33407	Mailing Address P O BOX 11298 RIVIERA BCH FL 33419-1298 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0201029	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 CHEATHAM, WILLIAM W
 911 N 2ND ST
 FORT PIERCE FL 34950

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable) 120 S. PARROTT AV	
City Okeechobee, FL	Zip Code 34974

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHEATHAM, WILLIAM W		NAME 120 S. PARROTT AV	
STREET ADDRESS 911 N 2ND ST		STREET ADDRESS Okeechobee, FL	
CITY-ST-ZIP FORT PIERCE FL 34950		CITY-ST-ZIP 34974	
TITLE VP	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SALMON, NITA		NAME 120 S. PARROTT AV	
STREET ADDRESS 911 N 2ND ST		STREET ADDRESS Okeechobee, FL	
CITY-ST-ZIP FORT PIERCE FL 34950		CITY-ST-ZIP 34974	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 an address change.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____ **2/14/00** **863 763 3617**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **X 16**
 Date Daytime Phone #

CR2E034 (9/99)