

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State
03-16-2001 90056 033 ***150.00

DOCUMENT # P00000029569

1. Entity Name
NOKOMIS SEPTIC TANK SERVICE, INC.

Principal Place of Business
495 NORTH JACKSON ROAD
VENICE FL 34275

Mailing Address
495 NORTH JACKSON ROAD
VENICE FL 34275

2. Principal Place of Business
2016 W. Albee Road
Suite, Apt. #, etc.

3. Mailing Address
2016 W. Albee Road
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Nokomis, FL
Zip
34275
Country
USA

City & State
Nokomis, FL
Zip
34275
Country
USA

4. FEI Number
105-0993449
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUFFEY, MICHELE
495 NORTH JACKSON ROAD
VENICE FL 34275

Name
Michelle M. Guffey
Street Address (P.O. Box Number is Not Acceptable)
495 North Jackson Road
City
Venice **FL** Zip Code
34292

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
Michelle M. Guffey
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3/13/01
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUFFEY, SCOTT DEAN 495 NORTH JACKSON ROAD VENICE FL 34275	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUFFEY, MICHELLE M 495 NORTH JACKSON ROAD VENICE, FL 34275	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Michelle M. Guffey** **Michelle M. Guffey** **3/13/01** **(941) 484-9731**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)