2001 UNIFORM BUSINESS REPORT (UBR)

07-05-2001 90011 047 **150.00
P00000040847

FILED
02 MAR 21 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
C0072453

DOCUMENT # P00000040847

1. Entity Name
All Florida Septic Tank Services, Inc

Principal Place of Business	Mailing Address
8300 West Beaver Street Jacksonville, Florida 32220-2381	8300 West Beaver Street Jacksonville, Florida 32220-2381

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 59-3641326 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAIL TO: JOYNER, Nellie R.
11662 Pebble Ridge DRIVE
JACKSONVILLE, FLORIDA 32220

TONY 2268 JAX 32202

7. Name and Address of New Registered Agent

Name: JOYNER Nellie Ruth
Street Address (P.O. Box Number is Not Acceptable): 11662 Pebble Ridge Dr
City: JAX
FL Zip Code: 32220

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: Nellie Ruth Joyner 3/19/02
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) ☐

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	PRES Joyner Nellie R. 11662 Pebble Ridge DRIVE Jacksonville, Florida 32220 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Joyner Billy W. II 11662 Pebble Ridge DRIVE Jacksonville, Florida 32220 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800004468038--9 -07/05/01--90011--047 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800004468038--9 -03/27/02--01074--014 ****150.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: Nellie Ruth Joyner Nellie R. Joyner 6-29-01 904-732-1843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Nellie Ruth Joyner Nellie Ruth JOYNER 3/19/02