


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

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90121 018 ***150.00

DOCUMENT # <u>P00000087855</u>	
1. Entity Name <u>Spring Hill Septic, Inc.</u>	

DO NOT WRITE IN THIS SPACE

14018433

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>10057 NORTHWIND CT.</u> Suite, Apt. #, etc. <u>Springhill,</u> City & State <u>Fl.</u>		3. Mailing Address <u>10057 NORTHWIND CT.</u> Suite, Apt. #, etc. <u>Springhill</u> City & State <u>Fl.</u>		4. FEI Number <u>593670127</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>34608</u>	Country <u>HERNANDO</u>	Zip <u>34608</u>	Country <u>HERNANDO</u>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>LIDIO CATTARINI</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>10057 NORTHWIND CT.</u>	
<u>Springhill, Fl.</u>	
City <u>FL</u>	Zip Code <u>34608</u>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE LIDIO CATTARINI Pres. Lidio Cattarini 7-4-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRES.</u> <u>LIDIO CATTARINI</u> <u>10057 NORTHWIND CT.</u> <u>Springhill, Fl. 34608</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRES.</u> <u>ROSEMARIE CATTARINI</u> <u>10057 NORTHWIND CT.</u> <u>Springhill, Fl. 34608</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: LIDIO CATTARINI Lidio Cattarini 7-4-05 (352) 686-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

ATTACHMENT

July, 4, 05

14018433

#P00000087855

Att. Reinstatement Dept.

According to our phone conversation on June 27, 05, I was instructed by one of your representatives who was kind enough to mail me a form due to the fact that I did not receive the first notice. I explained that I did not even realize that I had not received the first notice because my mother passed away in March and had been on Hospice prior to her passing. I am enclosing a check for \$1,50.00 and the form as she instructed me to.

Thank you,

Sincerely yours,

Lidia Cattarini

Spring Hill Optic. Ctr.