

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000100071

FILED  
Jan 11, 2002 8:00 AM  
Secretary of State

**Entity Name:** AMERICAN PORTABLE TOILETS, INC.

**Current Principal Place of Business:**

3233 OLEANDER AVE  
FT PIERCE, FL 34981

**New Principal Place of Business:**

3233 OLEANDER AVE  
#7  
FT PIERCE, FL 34981

**Current Mailing Address:**

1551 3RD AVE  
VERO BEACH, FL 32960

**New Mailing Address:**

**FEI Number:** 59-3677747

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MACWILLIAM, BARBARA A  
1551 3RD AVE  
VERO BEACH, FL 32960 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: KEHRBERG, ROBERT C  
Address: 1551 3RD AVE  
City-St-Zip: VERO BEACH, FL 32960

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT C KEHRBERG

DP

01/11/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date