

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90263 018 ***150.00

DOCUMENT # P00000101664

1. Entity Name
STINKY SEPTIC SERVICE, INC.



Principal Place of Business

~~3895 PACKARD AVE.~~
ST. CLOUD FL 34772

Mailing Address

~~3895 PACKARD AVE.~~
ST. CLOUD FL 34772

2. Principal Place of Business

704 Chief Hlamath
Suite, Apt. #, etc.

3. Mailing Address

704 Chief Hlamath
Suite, Apt. #, etc.

City & State

St. Cloud, Florida

Zip

34772

Country

Oceola

City & State

St. Cloud, Florida

Zip

34772

Country

Oceola

4. FEI Number

59-3699593

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

BRACONE, DOMINIC
3895 PACKARD AVE.
ST. CLOUD FL 34772

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Dominic Bracone
Signature, typed or printed name of registered agent and title, if applicable.

President
(NOTE: Registered Agent signature required when reinstating)

4/22/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **D** ☒ Delete
NAME **BRACONE, DOMINIC**
STREET ADDRESS **3895 PACKARD AVE.**
CITY-ST-ZIP **ST. CLOUD FL 34772**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **BRACONE DOMINIC**
STREET ADDRESS **704 Chief Hlamath**
CITY-ST-ZIP **St. Cloud, FL, 34772**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dominic Bracone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03

Date

407-908-3289

Daytime Phone #

CR2E034 (10/02)