

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90069 018 ***150.00

DOCUMENT # P01000001984

1. Entity Name
CHET'S SEPTIC SERVICE, INC.

Principal Place of Business

**1975 PIPER DR
 INVERNESS FL 34450**

Mailing Address

**1975 PIPER DR
 INVERNESS FL 34450**

2. Principal Place of Business

3. Mailing Address

1711 N. CROFT AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

INVERNESS FL

4. FEI Number

59-3698683

Applied For

Not Applicable

Zip

Country

Zip

Country

34453

US

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

**DELICH, CHESTER PAUL JR
 1711 N CROFT AVE
 INVERNESS FL 34450**

Name

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

City

FL

Zip Code

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

Chet Delich

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, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **DELICH, CHESTER PAUL JR**
 CITY-ST-ZIP **1711 N CROFT AVE
 INVERNESS FL 34450**

TITLE ☐ Change ☒ Addition
 NAME **S Delich Pamela Lynn**
 STREET ADDRESS **1711 N. Croft Ave.**
 CITY-ST-ZIP **INVERNESS, FL 34453**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **POSPIECH, RICHARD L**
 CITY-ST-ZIP **1975 PIPER DR
 INVERNESS FL 34450**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Chet Delich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)