

2002 UNIFORM BUSINESS REPORT (UBR)

J 701

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90017 036 ***150.00

DOCUMENT # P01000051233

1. Entity Name

BARNARD'S SEPTIC TANK COMPANY, INC.

Principal Place of Business

**2600 PASCO DE VIVAZ
 NAVARRE FL 32566**

Mailing Address

**2600 PASCO DE VIVAZ
 NAVARRE FL 32566**

2. Principal Place of Business

3. Mailing Address

5612 United Crt

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gulf Breeze FL

4. FEI Number

02-0537523

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

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

**DAUGHTERY, MONICA L
 2600 PASCO DE VIVAZ
 NAVARRE FL 32566**

Name **Daughtery, Monica L.**

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

5612 United Crt

City **Gulf Breeze**

FL

Zip Code

32563

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

Monica L Daughtery

(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: ☐

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
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **P Monica L. Daughtery**
 STREET ADDRESS **5612 United Crt**
 CITY-ST-ZIP **Gulf Breeze, FL 32563**

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Monica L Daughtery

Date

Daytime Phone #

CR2E034 (9/01)