FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000051233

FILED

02 OCT 24 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name: Barnards Septic Tank Co., Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
6797 Indian Oak Rd	5612 United Crt
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Navarre Fl.	City & State: Gulf Breeze Fl.
Zip: 32566 Country: USA	Zip: 32563 Country: USA

4. FEI Number: 02-0537523 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Monica L. Daughtery

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 _____
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	President
NAME	Monica L. Daughtery
STREET ADDRESS	5612 United Crt
CITY-ST-ZIP	Gulf Breeze, Fl 32563
TITLE	Vice President
NAME	Larry N. Barnard
STREET ADDRESS	6797 Indian Oak Rd
CITY-ST-ZIP	Navarre, Fla 32566
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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 on an attachment with an address with all other like empowered.

SIGNATURE: Monica L Daughtery Monica L. Daughtery 10/19/02 850-939-3186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

js 10/25/02