

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91871 028 ***150.00

0509036
AV

DOCUMENT # P02000027954

1. Entity Name
ALL AROUND SEPTIC & SEWER, INC.



Principal Place of Business
**PO BOX 3175
LAKE PLACID FL 33862**

Mailing Address
**PO BOX 3175
LAKE PLACID FL 33862**

2. Principal Place of Business
333 Central Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sebring, FL

City & State

4. FEI Number
04-3608836

Applied For
Not Applicable

Zip
33875

Country
U.S.

Zip

Country

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

**HUDSON, FAYE S
333 CENTRAL BLVD
SEBRING FL 33875**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HUDSON, FAYE S**
STREET ADDRESS **PO BOX 3175**
CITY-ST-ZIP **LAKE PLACID FL 33862**

TITLE **DPVPST** ☒ Change ☐ Addition
NAME **HUDSON, FAYE S**
STREET ADDRESS **P.O. BOX 3175**
CITY-ST-ZIP **LAKE PLACID, FL 33862**

TITLE **D** ☐ Delete
NAME **PALMATEER, RICK**
STREET ADDRESS **PO BOX 3175**
CITY-ST-ZIP **LAKE PLACID FL 33862**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharion Hudson **Sharion Hudson** 4-30-03 863 655-4700

Date Daytime Phone #

CR2E034 (10/02)