

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90236 002 ***150.00

0115439 AV

DOCUMENT # P02000037031

1. Entity Name
AMERICAN SEPTIC SERVICE INC.



Principal Place of Business
**10023 MARGUEX DR
ORLANDO FL 32825**

Mailing Address
**10023 MARGUEX DR
ORLANDO FL 32825**

2. Principal Place of Business
10023 Marguex Dr.
Suite, Apt. #, etc.

3. Mailing Address
10023 Marguex Dr.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Orlando, Florida

City & State
Orlando, Florida

4. FEI Number
010657127

☒ Applied For
☐ Not Applicable

Zip Country
32825 United States

Zip Country
32825 United States

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

6. Name and Address of Current Registered Agent

**NEILAN, RYAN S
10023 MARGUEX DR
ORL FL 32825**

7. Name and Address of New Registered Agent

Name **Ryan Scott Neilan**
Street Address (P.O. Box Number is Not Acceptable)
10023 Marguex Drive
City **Orlando** **FL** Zip Code **32825**

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 *Ryan Neilan*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/7/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner - Officer <input type="checkbox"/> Delete Ryan Neilan 10023 Marguex Dr. Orlando, FL 32825 President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ryan Neilan* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03 **407-381-8349**
Date Daytime Phone #

CR2E034 (10/02)