

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90297 041 ***150.00

DOCUMENT # P02000113519

1. Entity Name
BERNARD P. ALLEN SEPTIC SERVICE, INC.



Principal Place of Business
1735 PECAN DR.
ORANGE CITY FL 32763

Mailing Address
1735 PECAN DR.
ORANGE CITY FL 32763

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

35-2187498

Applied For

Not Applicable

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

WATTERS, STEPHANIE
1735 PECAN DR.
ORANGE CITY FL 32763

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

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

(NOTE: Registered Agent signature required when reinstating)

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 D ☐ Delete
NAME WATTERS, STEPHANIE
STREET ADDRESS 1358 W. HARTLEY CIRCLE
CITY-ST-ZIP DELTONA FL 32725

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

TITLE D ☐ Delete
NAME WATTERS, ERIK
STREET ADDRESS 1358 W. HARTLEY CIRCLE
CITY-ST-ZIP DELTONA FL 32725

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

TITLE D ☐ Delete
NAME ALLEN, BERNARD P
STREET ADDRESS 1735 PECAN DR.
CITY-ST-ZIP ORANGE CITY FL 32763

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

TITLE ☐ Delete
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

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

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CITY-ST-ZIP :

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:

Stephanie Watters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephanie Watters 1/30/03 956-6853 (386)

CR2E034 (10/02)