


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90029 049 ***150.00

DOCUMENT # P07000028492	
1. Entity Name JEFF'S SOS Drain & Sewer Services, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 25225 RAMPART BLVD		3. Mailing Address 3500 217th AVE NW	
Suite, Apt. #, etc. 1606		Suite, Apt. #, etc. 3500 217th AVE NW	
City & State PUNTA GORDA FL		City & State OAK GROVE MN	
Zip 33983	Country USA	Zip 55303	Country USA

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40045276

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4. FEI Number 20-8636507	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name JEFF Anderson	
Street Address (P.O. Box Number is Not Acceptable) 25225 RAMPART BLVD 1606	
City PUNTA GORDA	FL Zip Code 33983

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 _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFFREY Anderson - Pres 25225 RAMPART BLVD 1606 PUNTA GORDA, FL 33983
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey Alan Anderson 3/8/08 612 328 4655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #