

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **T9600000366.1**

1. Entity Name

S.O.S. SEPTIC OR SEWER, INC

APPROVED
AND
FILED

00 JAN 14 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**2791 PALM DRIVE NE
PALM BAY
FL 32905**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

AS ABOVE

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

593368905

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAURIE BUCHMAN
2601 OKLAHOMA ST
WEST MELB, FL 32904**

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.

SIGNATURE

Laurie Buchman

LAURIE BUCHMAN PRES.

01-09-00

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) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	LAURIE BUCHMAN	
STREET ADDRESS	2601 OKLAHOMA ST	
CITY-ST-ZIP	WEST MELB FL 32904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

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******300.00 ****300.00**

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Laurie Buchman

LAURIE BUCHMAN

321 951 7335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-00

Daytime Phone #