

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**  
 05-16-2001 90389 030 \*\*\*150.00

**DOCUMENT #** P96000104483 ✓  
**1. Entity Name**  
 C. S. Malphurs Septic Tank Service, Inc.

**Principal Place of Business** 41 Mustang Drive  
**Mailing Address** Same

**2. Principal Place of Business** 41 Mustang Drive  
**3. Mailing Address** Same  
 Suite, Apt. #, etc. Same

**City & State** Crawfordville, FL  
**City & State** Same  
**Zip** 32327 **Country** WAKulla **Zip** Same **Country** USA

**4. FEI Number** 59-3429992 **Applied For**  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**C0067506**

**6. Name and Address of Current Registered Agent**  
 Fred malphurs  
 41 Mustang Drive  
 Crawfordville, FL 32327

**7. Name and Address of New Registered Agent**  
**Name** N/A  
**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** \_\_\_\_\_ (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.** ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

|                       |                           |                                 |
|-----------------------|---------------------------|---------------------------------|
| <b>TITLE</b>          | President                 | <input type="checkbox"/> Delete |
| <b>NAME</b>           | Fred malphurs             |                                 |
| <b>STREET ADDRESS</b> | 41 Mustang Drive          |                                 |
| <b>CITY-ST-ZIP</b>    | Crawfordville, FL 32327   |                                 |
| <b>TITLE</b>          | Vice-President, Treasurer | <input type="checkbox"/> Delete |
| <b>NAME</b>           | Rick malphurs             |                                 |
| <b>STREET ADDRESS</b> | 41 Mustang Drive          |                                 |
| <b>CITY-ST-ZIP</b>    | Crawfordville, FL 32327   |                                 |
| <b>TITLE</b>          | Secretary                 | <input type="checkbox"/> Delete |
| <b>NAME</b>           | Tina malphurs             |                                 |
| <b>STREET ADDRESS</b> | 41 Mustang Dr.            |                                 |
| <b>CITY-ST-ZIP</b>    | Crawfordville, FL 32327   |                                 |
| <b>TITLE</b>          |                           | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                           |                                 |
| <b>STREET ADDRESS</b> |                           |                                 |
| <b>CITY-ST-ZIP</b>    |                           |                                 |
| <b>TITLE</b>          |                           | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                           |                                 |
| <b>STREET ADDRESS</b> |                           |                                 |
| <b>CITY-ST-ZIP</b>    |                           |                                 |
| <b>TITLE</b>          |                           | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                           |                                 |
| <b>STREET ADDRESS</b> |                           |                                 |
| <b>CITY-ST-ZIP</b>    |                           |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**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:** Tina malphurs, Tina Malphurs **4-25-01**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E034 (11/00)