

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P97000007861

1. Entity Name

AA SEPTIC PUMPING, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90014 034 \*\*\*158.75

Principal Place of Business

8442 W BEAVER ST  
JACKSONVILLE FL 32220

Mailing Address

8442 W BEAVER ST  
JACKSONVILLE FL 32220-2202

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 **59-3450840**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BARBER, SANDRA G  
135 BULLS BAY HWY  
JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

Name **MADLYN L. JOYNER**  
Street Address (P.O. Box Number is Not Acceptable) **135 BULLS BAY HWY.**  
City **JACKSONVILLE, FL** Zip Code **32220**

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 *Madlyn L. Joyner* **MADLYN L. JOYNER** VP 4/19/00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BARBER, SANDRA</b>	
STREET ADDRESS	<b>135 BULLS BAY HWY</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32220</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>JOYNER, MADLYN L</b>	
STREET ADDRESS	<b>135 BULLS BAY HWY</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32220</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JOYNER, JOSEPH</b>	
STREET ADDRESS	<b>135 BULLS BAY HWY</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32220</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Madlyn L. Joyner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MADLYN JOYNER**

Date 5/12/00 Daytime Phone #

CR2E034 (9/99)