

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080596

1. Entity Name

CERTIFIED SEPTIC SYSTEMS, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90233 046 \*\*\*150.00

Principal Place of Business

Mailing Address

1416 BETA CR  
 LK CLARKE SHORES FL 33406  
 US

1416 BETA CR  
 LAKE CLARKE SHORES FL 33406-7810  
 US

2. Principal Place of Business

3. Mailing Address

1799 7<sup>TH</sup> AVE No 1799 7<sup>TH</sup> AVE No  
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0781468

Applied For

Not Applicable

Zip

Country

Zip

Country

33461 USA 33461 USA

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

SAMMARCO, VINCENT T  
 7752 TAFT STREET  
 PEMBROKE PINES FL 33024

Name SAME

Street Address (P.O. Box Number is Not Acceptable)

9141 TAFT STREET  
 PEMBROKE PINES FL Zip Code 33024

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

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 PD  
 NAME MCLEOD, PATRICK  
 STREET ADDRESS 1416 BETA CIRCLE  
 CITY-ST-ZIP LAKE CLARK SHORES FL 33406 ☐ Delete

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

TITLE CEOV  
 NAME KANE, R S  
 STREET ADDRESS 1416 BETA CR  
 CITY-ST-ZIP LAKE CLARK SHORES FL 33406 ☐ Delete

TITLE  
 NAME KANE, RAYMOND S.  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
 NAME COURTNEY, DEBBIE  
 STREET ADDRESS 1416 BETA CR  
 CITY-ST-ZIP LAKE CLARK SHORES FL 33406 ☐ Delete

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

TITLE S  
 NAME ASHCRAFT, MICHAEL  
 STREET ADDRESS 1416 BETA CR  
 CITY-ST-ZIP LAKE CLARK SHORES FL 33406 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RAYMOND S. KANE 4-3000 5864030

CR2E034 (9/99)