

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90056 037 ***150.00

0319144

DOCUMENT # P97000080596

1. Entity Name

CERTIFIED SEPTIC SYSTEMS, INC.

Principal Place of Business

1799 7TH AVE NO
 LAKE WORTH FL 33461
 US

Mailing Address

1799 7TH AVE NO
 LAKE WORTH FL 33461
 US

938410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0781468**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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
9141 TAFT ST
HOLLYWOOD FL 33024

Name

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

PEMBROKE PINES, FL

City

FL

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, 2001 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** ☒ Delete
 NAME **MCLEOD, PATRICK**
 STREET ADDRESS **1416 BETA CIRCLE**
 CITY-ST-ZIP **LAKE CLARK SHORES FL 33406**

TITLE **PRESIDENT & CEO** ☒ Change ☐ Addition
 NAME **RAYMOND S. KANE**
 STREET ADDRESS **1799 7TH AVE NO**
 CITY-ST-ZIP **LAKE WORTH 33461**

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

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

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 title empowered.

SIGNATURE:

RAYMOND S. KANE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-01 5864030

CR2E034 (10/00)