

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013578

1. Entity Name

SEPTIC MEDIC, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90016 035 ***150.00

Principal Place of Business

1831 NORTH 50 AVE
HOLLYWOOD FL 33021

Mailing Address

1831 NORTH 50 AVE
HOLLYWOOD FL 33021

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

65-0811498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PSTD TOLOMEO, ANDREW J 1831 NORTH 50 AVE HOLLYWOOD FL 33021			

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 REQUIRED

8/24/2000 954-963-6789

Date

Daytime Phone #

CR2E034 (5/00)

attachment # P98000013578
130105966

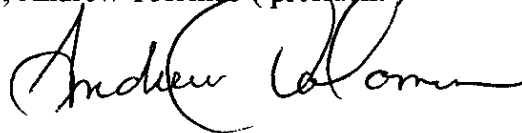
Septic Medic Inc.
1831 N 50 th. Ave.
Hollywood, Fl. 33021
Ph. (954) 963-6789
Fax (954) 963-5883

Dear Sir or Madam;

I am writing this letter in reference to the 2000 Uniform Business Report, Document # P98000013578. As I am completing the form to return, I noticed the filling fee of \$550.00, which prompted me to call to inquire regarding the increased filling fee. I was informed that the increased fee is due to a late fee, since this is the second request.

I am requesting the late fee be waived, since I have not received a prior application form. I would greatly appreciate your consideration in this matter.

Sincerely, Andrew Tolomeo (president)

A handwritten signature in black ink, appearing to read "Andrew Tolomeo". The signature is fluid and cursive, with a large loop at the end of the last name.