2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 06, 2000 8:00 am Secretary of State DOCUMENT # **P98000023395** DON'S SEPTIC SERVICE, INC. 03-06-2000 90004 001 ***150.00 Principal Place of Business Mailing Address 8607 TRANQUIL DR. 8607 TRANQUIL DR. Springhill FL 34606 SPRINGHILL FL 34606 B0033000 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3497961 Not Applicable -Country -- Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PRETTYMAN, DONALD L Street Address (P.O. Box Number is Not Acceptable) 8607 TRANQUIL DR. SPRINGHILL FL 34606 City Zip Code FL 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 2-21-00 SIGNATURE >> egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) - 1 Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition TITLE Delete TITI F NAME PRETTYMAN, DONALD L NAME STREET ADDRESS 8607 TRANQUIL DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRINGHILL FL 34606 ■ Addition TITLE Delete TITLE Change NAME PRETTYMAN, ANN MARIE NAME STREET ADDRESS 8607 TRANQUIL DR. STREET ADDRESS CITY-ST-ZIP 7 --CITY-ST-ZIP-SPRINGHILL FL 34606 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Delete TITLE ☐ Addition NAME NAME

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 ent with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: 5

STREET ADDRESS

Daytime Phone #