

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000056077

FILED  
Apr 28, 2003  
Secretary of State

Entity Name: ECONOMY SEPTIC, INC.

**Current Principal Place of Business:**

5011 RECKER HIGHWAY  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 157  
EAGLE LAKE, FL 338390157

**New Mailing Address:**

FEI Number: 59-3531479

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MONG, KIMBERLY  
301 LAKEVIEW BLVD  
WINTER HAVEN, FL 33880

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: MONG, KIMBERLY  
Address: 301 LAKEVIEW BLVD  
City-St-Zip: WINTER HAVEN, FL 33880

Title: VSD ( ) Delete  
Name: MONG, DAVID C  
Address: 301 LAKEVIEW BLVD  
City-St-Zip: WINTER HAVEN, FL 33880

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY MONG

PTD

04/28/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date