

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059831

1. Entity Name
ANYTIME SEPTIC SERVICE, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90013 001 ***150.00

Principal Place of Business

6405 PARK ROAD
FORT MYERS FL 33908
US

Mailing Address

~~P.O. BOX 333~~
~~ESTERO FL 33920~~
~~US~~

LUUS7600



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 60002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Fort Myers, FL

4. FEI Number 65-0847806

Applied For

Not Applicable

Zip

Country

Zip
33906-0002

Country

Lee

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WINESETT, ROBERT A
2248 FIRST ST
FORT MYERS FL 33901

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 \$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

TITLE	DP	<input type="checkbox"/> Delete
NAME	DERBY, DONALD R	
STREET ADDRESS	6405 PARK ROAD	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DERBY, DONALD R JR.	
STREET ADDRESS	7291 RICH ROAD	
CITY-ST-ZIP	FORT MYERS FL 33917	
TITLE	V	<input type="checkbox"/> Delete
NAME	COURTWRIGHT, MARVIN D	
STREET ADDRESS	261 MATECUABE LANE	
CITY-ST-ZIP	NAPLES FL 33917	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DOWNES, LEEANNE M	
STREET ADDRESS	7241 RICH ROAD	
CITY-ST-ZIP	FORT MYERS FL 33917	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald R. Derby, President

Date

Daytime Phone #

(941) 267-2067

CR2E034 (10/00)