## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 29, 2000 08:00 AM DOCUMENT # P98000085041 1. Entity Name **Secretary of State** S & S SEPTIC TANKS, INC. Principal Place of Business Mailing Address 2211 W. SOCRUM LOOP ROAD 2211 W. SOCRUM LOOP ROAD LAKELAND FL LAKELAND FL 33810 33810 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 59-3536495 Not Applicable Zip Country Country \$8.75 Additional X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBINSON ROBINSON DALE 2211 W. SOCRUM LOOP ROAD Street Address (P.O. Box Number is Not Acceptable) 2211 W. SOCRUM LOOP ROAD LAKELAND 33567 City Zip Code LAKELAND 33810 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. 04/29/2000 SIGNATURE Signature, typed or printed name of registered 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 After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DST Delete TITLE ☐ Change ☐ Addition ROBINSON JUDY NAME STREET ADDRESS 2211 W SOCRUM LOOP RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND 33810 TITLE ☐ Delete TITLE ΠP X Change ☐ Addition NAME NAME ROBINSON DALE ROBINSON DALE STREET ADDRESS 2211 W. SOCRUM LOOP ROAD STREET ACCRESS 2211 W. SOCRUM LOOP ROAD CITY-ST-ZIF LAKELAND FL. 33567 CITY-ST-718 LAKELAND FT. 33810 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

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