2000 UNIFORM BUSINESS REPORT (UBR)

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FILED DOCUMENT # P98000087051 Mar 31, 2000 8:00 am **Secretary of State** T-N-T SEWER & DRAIN CLEANING, INC. 03-31-2000 90002 021 ***150.00 Principal Place of Business Mailing Address 3936 SQ. SEMORAN BLVD.,#436 3936 SO, SEMORAN BLVD. #436 ORLANDO FL 32822 ORLANDO FL 32822-4015 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3539053 Not Applicable Zip Country Zip Country \$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 GLOTFELTY, TINA Street Address (P.O. Box Number is Not Acceptable) 3936 SO. SEMORAN BLVD.,#436 ORLANDO FL 32822 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. SIGNATURE DATE 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11, ■ Addition ☐ Change ☐ Delete TITLE TITLE GLOTFELTY, TINA A NAME NAME 3125 HEALTHGATE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32812 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE **BROWN, TOM** NAME NAME 3125 HEALTHGATE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7iP ORLANDO FL 32812 Change-☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete 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-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

I that my signature shall have the same legal effect as if made under oath; that I am an officer or director report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if