

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90330 010 ***150.00

DOCUMENT # P98000037051

1. Entity Name

T-N-T SEWER & DRAIN CLEANING, INC.

Principal Place of Business

Mailing Address

**3936 SO. SEMORAN BLVD., #436
 ORLANDO FL 32822**

**3936 SO. SEMORAN BLVD., #436
 ORLANDO FL 32822**

2. Principal Place of Business

1175 Oakpoint Circle
 Suite, Apt. #, etc.

3. Mailing Address

3936 So. Semoran Blvd #436
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Apopka

City & State

ORLANDO

4. FEI Number

59-3539053

Applied For

Not Applicable

Zip

32712

Country

USA

Zip

32802

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GLOTFELTY, TINA
 3936 SO. SEMORAN BLVD., #436
 ORLANDO FL 32822**

7. Name and Address of New Registered Agent

Name **Tina Glotfelty**
 Street Address (P.O. Box Number is Not Acceptable)

1175 Oakpoint Circle
 City **Apopka** FL Zip Code **32712**

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

Tina A. Glotfelty **Tina A. Glotfelty** **4/14/01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when replacing) 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	P	<input type="checkbox"/> Delete
NAME	GLOTFELTY, TINA A	
STREET ADDRESS	3125 HEALTHGATE COURT	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BROWN, TOM	
STREET ADDRESS	3125 HEALTHGATE COURT	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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

Tina A. Glotfelty

Date

Daytime Phone #

4/14/01

407-402 8602

CR2E034 (10/00)