

2001 UNIFORM BUSINESS REPORT (UBR)

0378535

DOCUMENT # P98000088373

1. Entity Name

CHESTER'S SEPTIC TANK SERVICE, INC.

APPROVED
AND
FILED

01 JAN 24 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5397 N SOCRUM LOOP RD
LAKELAND FL 33809

Mailing Address

5397 N SOCRUM LOOP RD
LAKELAND FL 33809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3537051

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TYLER, DONNIE L
5397 N SOCRUM LOOP RD
LAKELAND FL 33809

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MURPHY, CHESTER E
STREET ADDRESS 5397 N SOCRUM LOOP RD
CITY-ST-ZIP LAKELAND FL 33809 ☐ Delete

TITLE
NAME Chg. Chester Murphy to
STREET ADDRESS Vice President
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VD
NAME TYLER, DONNIE L
STREET ADDRESS 5397 N SOCRUM LOOP RD
CITY-ST-ZIP LAKELAND FL 33809 ☐ Delete

TITLE
NAME Chg. Donnie L. Tyler
STREET ADDRESS to Sec. Treas.
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE ST
NAME TYLER, JANICE
STREET ADDRESS 5397 N SOCRUM LOOP RD
CITY-ST-ZIP LAKELAND FL 33809 ☐ Delete

TITLE
NAME Chg. Janice Tyler to
STREET ADDRESS President
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Janice D. Tyler

Janice D. Tyler

1/19/01

(850) 859-4109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)