2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900045504 4 1. Entity Name BENNETT SEPTIC INC.						FILED Jan 19, 2001 8:00 am Secretary of State 01-19-2001 90046 041 ***150.00						
Principal Place of Business 3732 PATE ROAD ZEPHYRHILLS FL 33539		Mailing Address PO BOX 1254 ZEPHYRHILLS FL 33539				15011001 110 LB116 12111	AUUU			IS 818 1 1 88 1		
2. Principal P	lace of Business	3. Mailing Address										
Suite, Apt.	#. etc	Suite, Aptr#, etc.				DO N	IOT WRITE IN T	HIS SPA	ACE /			
City & State	9	City & State			4. FEII	Number 59-3	581770	-	_ ` ` ` ` ` ` ` ` ` 	plied For t Applicable	-	
Zip	Country	Zip Coun		ry	5. Cert	ificate of Status [Desired [3.75 Addi e Required			
6. Name and Address of Current Registered Agent				Name	7. Nam	e and Address	of New Registe	red Age	ent]	
BENNETT, FRANCES 3732 PATE ROAD ZEPHYRHILLS FL 33541			,		s (P.O. Box	Number is Not A		1	Zip Code		1	
8. The above	named entity submits this statement for the	he purpose of changing Its	registere		stered agent,	, or both, in the S		FL]	
9. This corpo	Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible requirement and elects to do so. ia on back)	FILE NOW After MAY 1, 20 Make Check Payal	!!! FEE	will be \$550.0	0 = 1	(0. Election Cam Trust Fund C	paign Financing	ATE		D May Be to Fees	- - - -	
11.	OFFICERS AND DI	RECTORS	12.		ADDIT	TONS/CHANGES	TO OFFICERS	AND D	IRECTORS	S IN 11]_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bennett, Larry R PO BOX 1254 Zephyrhills FL 33539	☐ Delete] Change	Addition	2F034 (10/00)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, FRANCES A PO BOX 1254 ZEPHYRHILLS FL 33539	☐ Delete			•			<u></u>] Change	☐ Addition	CBS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OOD BENNETT, FRANCES 3732 PATE RD ZEPHYRHILLS FL 33541] Change	Addition		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete] Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete							_ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							Change	Addition		
indicated	certify that the information supplied with the on this report or supplemental report is to reporation or the receiver or trustee empower.	tue and accurate and that	mv signat	ure shall have ti	ne same lega	ai ettect as it mad	ie under oath: ti	nat i am	an onicer	or director		

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR