## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000063371

Entity Name: SUN STATE SANITATION, INC.

Apr 29, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3401 NORTHWEST 34TH STREET

SUITE 3

GAINESVILLE, FL 32605

**New Mailing Address: Current Mailing Address:** 

3401 NORTHWEST 34TH STREET SUITE 3 GAINESVILLE, FL 32605

FEI Number: 59-3587570 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HARPE, C E III HARPE, C E III 4311 NW 21ST TERR 7505 NW 131ST ST

GAINESVILLE, FL 32605 US US GAINESVILLE, FL 32653

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: 04/29/2003

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

VΡ

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VΡ

Title: () Delete Title: (X) Change ( ) Addition HARPE, CLAUDE E III HARPE, CLAUDE E III Name: Name: 4311 NW 21ST TERR 7505 NW 131ST ST Address: Address:

City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: GAINESVILLE, FL 32653

( ) Delete Title: Title: (X) Change ( ) Addition Name: HARPE, CLAUDE JR. Name: HARPE, CLAUDE JR. 7505 NW 131ST ST. 7505 NW 131ST ST. Address: Address: GAINESVILLE, FL 32605 GAINESVILLE, FL 32653 City-St-Zip: City-St-Zip:

Title: Title: ( ) Delete (X) Change ( ) Addition

HARPE, DANA HARPE, DANA Name: Name: 4311 NW 21ST TERR 7505 NW 131ST ST Address: Address: City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: GAINESVILLE, FL 32653

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDE E HARPE III PT 04/29/2003