

**FILED**  
**Jun 06, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90092 040 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000088257

1. Entity Name

A-1 Septic Tank Service, Inc.

**DO NOT WRITE IN THIS SPACE**

91803

2. Principal Place of Business

8442 W. Beaver St.

3. Mailing Address

8442 W. Beaver St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Jax, FL

City &amp; State

Jax, FL

4. FEI Number

59-3606986

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Billy Shane Thomas

Street Address (P.O. Box Number is Not Acceptable)

8442 W. Beaver St.

City

Jacksonville

FL

Zip Code

32220

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

Shane Thomas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-27-02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)☐

January 1st - May 1st Fee is \$150.00

After May 1st Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIPPresident  
Dyanne J. Thomas  
8442 W. Beaver St.  
Jax, FL 32220TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPVice-President  
Billy S. Thomas  
8442 W. Beaver St.  
Jax, FL 32220TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPSec. Treas.  
Henry Wernett  
8442 W. Beaver St. Jax FL 32220TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

SIGNATURE:

Billy S. Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02 904-781-9156

Date

Daytime Phone #

CR2E034B (12/01)

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.