

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S50371

1. Entity Name

LABELLE SEPTIC TANK, INC.

FILED
Jun 23, 2000 8:00 am
Secretary of State

06-23-2000 90106 028 ***550.00

Principal Place of Business

805 INDUSTRIAL BLVD
LABELLE FL 33935
US

Mailing Address

P O BOX 2489
LABELLE FL 33975-2489
US

2. Principal Place of Business

23495 Apache Tr.

3. Mailing Address

P.O. Box 2489

Suite, Apt. #, etc.

Labelle

City & State

Labelle FL

Zip

33975

Country

Hendry

City & State

Labelle FL

Zip

33935

Country

Hendry

City & State

Labelle FL

Zip

33935

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Zip

33935

6. Name and Address of Current Registered Agent

YATES, CHET
805 INDUSTRIAL BLVD.
LABELLE FL 33935

7. Name and Address of New Registered Agent

Name: Clevenger, Christopher S.
Street Address (P.O. Box Number is Not Acceptable): 23495 Apache Trail NW.
City: Muse FL Zip Code: 33935

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

6-20-2000

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, 2000 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	VP	<input type="checkbox"/> Delete
NAME	CLEVENGER, CHRIS	
STREET ADDRESS	805 INDUSTRIAL BLVD.	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	YATES, CHET	
STREET ADDRESS	P.O. BOX 1876 N/A	
CITY-ST-ZIP	LABELLE FL 33935	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEVENGER, CHRIS	
STREET ADDRESS	805 INDUSTRIAL BLVD.	
CITY-ST-ZIP	LABELLE FL 33935	
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

Date

Daytime Phone #

6-20-2000

803 675

3387