2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan	MENT # S61870 E SEPTIC, INC.	0		Secretary of S 02-26-2002 90117 044 ***	State	
Principal Plac	ce of Business	Mailing Address				
		P.O. BOX 585744 ORLANDO FL 32858-5744				
2. Principal F	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 50-3082805	4. FEI Number Applied For Not Applied For Not Applied For	
Zip Country		Zip	Country	5. Certificate of Status Desired S8.75	Additional	
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent	quired	
	A CONTRACTOR OF THE PROPERTY O		Name - `			
JORDON, EDWARD P 13543 E. HWY. 50			Street Address (P.O. Box Number is Not Acceptable)			
CLERMONT FL 34711			City	City FL Zip Code		
Tax filing	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so. If a contract to the satisfy its Intangible requirement and elects to do so.	FILE NOW!	Registered Agent signature in the Regist	.00 Trust Fund Contribution.	5.00 May Be	
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HASKIN, BLAINE 15740 JOHN'S LAKE RD. CLERMONT FL 34711	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Cha	nge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HASKIN, BRENDA 15740 JOHN'S LAKE RD. CLERMONT FL 34711	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cha	nge	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chai	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANTO CONTRACTOR OF THE SECOND CONTRACTOR OF TH	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Cha	nge	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AMERICA SEMECT E	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	□ Cha	nge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Chai	nge 🔲 Addition	
indicated of the cor	on this report or supplemental report is tr	rue and accurate and that ma rered to execute this report a	y signature shall have	in Section 119.07(3)(i), Florida Statutes. I further certify that I the same legal effect as if made under oath; that I am an of r 607, Florida Statutes; and that my name appears in Block	ficer or director	

SIGNATURE: _

Brenda Haskin
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02

407-740-6816

Daytime Phone #