2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **V38023** Mar 02, 2000 8:00 am 1. Entity Name Secretary of State A. A. YOUNG'S SEWER AND SEPTIC TANK SERVICE INC. 03-02-2000 90178 030 ***150.00 Principal Place of Business Mailing Address P.O. BOX 1832 P.O. BOX 1832 SEBRING FL 33871-1832 SEBRING FL 33872 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0336637 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YOUNG, DANIEL E., IV Street Address (P.O. Box Number is Not Acceptable) 1351 INDUSTRIAL WAY EAST SEBRING FL 33870 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change TITLE ☐ Addition ☐ Delete TITLE YOUNG, DANIEL E., IV NAME NAME STREET ADDRESS STREET ADDRESS 315 BLUEBERRY ROAD CITY-ST-ZIP CITY-ST-ZIP SEBRING FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE YOUNG, CAROLYN ANN NAME NAME STREET ADDRESS 315 BLUEBERRY ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEBRING FL ☐ Change ☐ Addition ☐ Delete TITLE YOUNG, DEAN EDMUND NAME NAME 315 BLUEBERRY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING FL CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR