

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90043 029 \*\*\*150.00

0066124 AV

**DOCUMENT # F06400**

1. Entity Name

**DAMPIER SEPTIC TANK, INC.**

Principal Place of Business

**7030 NW 23RD WAY  
 GAINESVILLE FL 32653  
 US**

Mailing Address

**7030 NW 23RD WAY  
 GAINESVILLE FL 32653  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2040886**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAMPIER, BETTY  
 7030 N.W. 23RD WAY  
 GAINESVILLE FL 32606**

Name

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

City

**FL**

Zip Code

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>STD<br/>DAMPIER, BETTY<br/>7030 N.W. 23RD WAY<br/>GAINESVILLE FL</b> <input type="checkbox"/> Delete        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP<br/>DAMPIER, WILBUR A<br/>7030 N.W. 23RD WAY<br/>GAINESVILLE FL</b> <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DV<br/>DAMPIER, BRENDA JEAN<br/>7030 N.W. 23RD WAY<br/>GAINESVILLE FL</b> <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>DAMPIER, FREDDIE A<br/>7030 NW 23RD WAY<br/>GAINESVILLE FL 32653</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

*Betty Dampier* **Betty Dampier** **Feb 11, 2002** **378-2659**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)