

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90068 041 ***150.00

DOCUMENT # P00000020719

1. Entity Name

GOOD FELLA'S ROLL-OFF WASTE DISPOSAL, INC.

Principal Place of Business

**1237 E. NORVELL BRYANT HWY
HERNANDO FL 34442**

Mailing Address

**1237 E. NORVELL BRYANT HWY
HERNANDO FL 34442**

2. Principal Place of Business

375 County Rd. 489

3. Mailing Address

PO Box 949

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Panasoffkee FL

City & State

Lake Panasoffkee, FL

4. FEI Number

59-3626113

Applied For

Not Applicable

Zip

33538

Country

Sumter

Zip

33538

Country

Sumter

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, SCOTT

**1237 E. NORVELL BRYANT HWY
HERNANDO FL 34442**

Name

Randy Messer

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

375 CR 489

City

Lake Panasoffkee

FL

Zip Code
33538

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

X

Randy Messer-President

x 4-26-01

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, 2001 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 **D** ☐ Delete
NAME **ADAMS, SCOTT**
STREET ADDRESS **1237 E. NORVELL BRYANT HWY**
CITY-ST-ZIP **HERNANDO FL 34442**

TITLE **D** ☐ Change ☒ Addition
NAME **Theodore J Couch Sr Trustee**
STREET ADDRESS **1717 E. Fowler Ave**
CITY-ST-ZIP **Tampa, FL 33612**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Theodore Malinin**
STREET ADDRESS **360 Atlantic Rd.**
CITY-ST-ZIP **Key Biscayne, FL 33149**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Charles E Strange Jr**
STREET ADDRESS **1245 E Norvell Bryant Hwy**
CITY-ST-ZIP **Hernando, FL 34442**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Randy Messer**
STREET ADDRESS **375 CR 489**
CITY-ST-ZIP **Lake Panasoffkee FL 33538**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Richard L Hain**
STREET ADDRESS **375 CR 489**
CITY-ST-ZIP **Lake Panasoffkee FL 33538**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randy Messer-President

Date

Daytime Phone #

352
x 4-26-01 x-568-0999

CR2E034 (10/00)