2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State
04-01-2002 90621 020 ***150.00

050696 AT

DOCUMENT # P00000020719

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

Principal Place of Business	Mailing Address
375 COUNTY RD 489 LAKE PANASOFFKEE FL 33538	P.O. BOX 949 LAKE PANASOFFKEE FL 33538

B0055831

DO NOT WRITE IN THIS SPACE

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 59-3626113 ☐ Applied For ☐ Not Applicable

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
MESSER, RANDY 375 CR 489 LAKE PANASOFFKEE FL 33538	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete ADAMS, SCOTT 1237 E. NORVELL BRYANT HWY HERNANDO FL 34442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ☒ Change ☐ Addition RICHARD L. HAIN 4239 S. PADDOCK PT. INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ☐ Delete COUCH, SR., THEODORE J 1717 E FOWLER AVE TAMPA FL 33612	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition COUCH, SR., THEODORE J. 1717 E. FOWLER AVE. TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ☐ Delete MALININ, THEODORE 360 ATLANTIC RD KEY BISCAYNE FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ☐ Delete STRANGE, JR., CHARLES E 1245 NORVELL BRYANT HWY HERNANDO FL 34442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☐ Delete MESSER, RANDY 375 CR 489 LAKE PANASOFFKEE FL 33538	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ☐ Delete HAIN, RICHARD L 375 CR 489 LAKE PANASOFFKEE FL 33538	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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 REQUIRED Pres. 3-20-02 352-568-0999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #