

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90189 018 ***150.00

DOCUMENT # P0000020719



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

Principal Place of Business
375 COUNTY RD 489
LAKE PANASOFFKEE FL 33538

Mailing Address
P.O. BOX 949
LAKE PANASOFFKEE FL 33538



2. Principal Place of Business
453 County Rd. 489

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City/State
Lake Panasoffkee
Zip *FL 33538*

City & State
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)
453 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** _____ DATE: _____ DAYTIME PHONE #: _____

CR2E034 (10/02)