

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P00000089351

02 SEP -5 AM 11:09

1. Entity Name

Specialty Waste Corp.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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-09/12/02--01008--006
*****61.25 *****61.25

2. Principal Place of Business 6622 Southpoint Dr. South		3. Mailing Address 6622 Southpoint Dr. South	
Suite, Apt. #, etc. Suite 310		Suite, Apt. #, etc. Suite 310	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32216	Country USA	Zip 32216	Country USA

4. FEI Number 59-3673901	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Intrastate Registered Agent Corp.
Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Ave. Suite 3000
City Miami
State FL
Zip Code 33131

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 file if applicable. (NOT: 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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	DCP Arcaini, Gianni B.	7889 Hunters Grove Rd.	Jacksonville, FL 32256				
	V T Weeks, Connie	6858 Plum Lane E	Jacksonville, FL 32222				
	V S Trait, Patrick M	10 Tenth St.	Atlantic Beach, FL 32233				
	V Bollman, Indie B.	612 15th Avenue S.	Jacksonville Beach, FL 32250				
	V Connolly, Daniel M.	3704 Navajo Pl.	Jacksonville, FL 32259				

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gianni B. ARCAINI 9/3/02 (904)296-2800
Date (Typed) Phone #

CR2E034B (12/01)

9/9/02