

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

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

05-24-2002 91333 031 \*\*\*150.00

DOCUMENT # P01000017594  
1. Entry Name  
MEDICAL WASTE CONSULTANTS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
107 HARBOR BLUFF DRIVE  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. BOX 1248  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Belleair Bluffs, FL.

City & State  
LARGO, FL.

Zip  
33770-2655

Country  
FLORIDA

Zip  
33779

Country  
FLORIDA

4. FEI Number  
59-3703055

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Argelio E. Rodriguez, Jr.

Street Address (P.O. Box Number is Not Acceptable)  
107 Harbor Bluff Drive

City  
Belleair Bluffs

Zip Code  
33770

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] Argelio E. Rodriguez, Jr. 05-01-2002  
(NOTE: Registered Agent signature required when registering) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so.   
(See criteria on back)

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

11. OFFICERS AND DIRECTORS			
TITLE <u>PRESIDENT / CEO</u>	NAME <u>Argelio E. Rodriguez, Jr.</u>	TITLE	NAME
STREET ADDRESS <u>107 Harbor Bluff Drive</u>	CITY-STATE-ZIP <u>Belleair Bluffs, FL 33770</u>	STREET ADDRESS	CITY-STATE-ZIP
TITLE <u>SECRETARY-TREASURER / CFO</u>	NAME <u>Sherry Chandler - Rodriguez</u>	TITLE	NAME
STREET ADDRESS <u>107 Harbor Bluff Drive</u>	CITY-STATE-ZIP <u>Belleair Bluffs, FL 33770</u>	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
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STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP

**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 (7)(3)(b), 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 employees.

[Signature] Argelio E. Rodriguez, Jr. 05-02-02 (727) 585-6241  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DayTime Phone #

CR2E034B (12/01)