

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90174 024 \*\*\*150.00

**DOCUMENT # P97000033297**

1. Entity Name  
**SOUTHERN WASTE, INC.**

Principal Place of Business <b>3000 N.E. 30TH PLACE          SUITE 211          FORT LAUDERDALE FL 33306          US</b>	Mailing Address <b>3000 N.E. 30TH PLACE          SUITE 211          FORT LAUDERDALE FL 33306-1957          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **65-0809832** Applied For  Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WELSH, JEFFREY DALE  
 3000 N.E. 30TH PLACE  
 SUITE 107  
 FORT LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 <b>DS</b>	NAME <b>WELSH, JEFFREY D</b>	TITLE <b>D/P</b>	NAME <b>WELSH, JEFFREY D</b>
STREET ADDRESS <b>2805 NE 29 STREET</b>	CITY-ST-ZIP <b>FORT LAUDERDALE FL 33306</b>	STREET ADDRESS <b>2805 N.E. 29 STREET</b>	CITY-ST-ZIP <b>FORT LAUDERDALE FL 33306</b>
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>DP</b>	NAME <b>EDWARDS, GREGORY N</b>	TITLE <b>S</b>	NAME <b>WELSH, CHARLINE A.</b>
STREET ADDRESS <b>2623 ALAMANDA COURT</b>	CITY-ST-ZIP <b>FORT LAUDERDALE FL 33301</b>	STREET ADDRESS <b>2805 N.E. 29 STREET</b>	CITY-ST-ZIP <b>FORT LAUDERDALE FL 33306</b>
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>DC</b>	NAME <b>TRUCKENBROD, LISA</b>	TITLE <b>D/V</b>	NAME <b>TRUCKENBROD, LISA</b>
STREET ADDRESS <b>3304 VIRGINIA ST</b>	CITY-ST-ZIP <b>MIAMI FL 33133</b>	STREET ADDRESS <b>3404 VIRGINIA ST</b>	CITY-ST-ZIP <b>MIAMI FL 33133</b>
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>DP</b>	NAME <b>VISCO, DONALD P</b>	TITLE <b>D/V</b>	NAME <b>VISCO, DONALD P</b>
STREET ADDRESS <b>11437 ORANGE BLOSSOM LN</b>	CITY-ST-ZIP <b>BOCA RATON FL 33428</b>	STREET ADDRESS <b>11437 ORANGE BLOSSOM LN</b>	CITY-ST-ZIP <b>BOCA RATON FL 33428</b>
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VP</b>	NAME <b>RAIDER, SCOTT</b>	TITLE	NAME
STREET ADDRESS <b>5156 NW 53RD AVE</b>	CITY-ST-ZIP <b>COCONUT CREEK FL 33073</b>	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b>	NAME <b>FREEMAN, W G</b>	TITLE	NAME
STREET ADDRESS <b>1200 SW 19TH AVE</b>	CITY-ST-ZIP <b>BOCA RATON FL 33486</b>	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 life empowered.

SIGNATURE: JEFFREY DALE WELSH 4/25/00 954-564-6994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #