

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State
 03-27-2001 90315 016 ***158.75

DOCUMENT # **P99000065320**

Entity Name **TRASH BUSTERS USA, Inc.**

Principal Place of Business

Mailing Address

3001 S.E. GRAN PARK WAY
STUART FL.

3001 S.E. GRAN PARK WAY
STUART, FL 34997

2. Principal Place of Business

3. Mailing Address

3001 S.E. GRAN PARK WAY
 Suite, Apt. #, etc.

3001 S.E. GRAN PARK WAY
 Suite, Apt. #, etc.

City & State

City & State

STUART FL

STUART FL

Zip

Country

34997

USA

Zip

Country

34997

USA

4. FEI Number

65-0936082

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

Name

BARBARA O'BRIEN

Street Address (P.O. Box Number is Not Acceptable)

611 S.W. Timber Trail

City

STUART

FL

Zip Code

34997

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

BARBARA O'BRIEN

BARBARA O'BRIEN

MARCH 6, 2001

Signature, typed or printed name of registered agent and title if applicable.

(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. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 **PRESIDENT**
 NAME **BARBARA O'BRIEN**
 STREET ADDRESS **611 S.W. Timber Trail**
 CITY-ST-ZIP **STUART, FL 34997**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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 like empowered.

SIGNATURE:

BARBARA O'BRIEN

MARCH 6, 2001 561-223-4095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)