

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000025614**

1. Entity Name

PRO DISPOSAL, INC. ✓

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90127 033 ***150.00

Principal Place of Business

Mailing Address

950 N COLLIER BLVD
SUITE 201
MARCO ISLAND, FL 33937

950 N COLLIER BLVD
SUITE 201
MARCO ISLAND, FL 33937

2. Principal Place of Business

2289 BRUNER LANE

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

33912

Country

3. Mailing Address

2289 BRUNER LANE

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

33912

Country

4. FEI Number

65-0654724

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

KRAMER, FREDERICK C
950 N COLLIER BLVD
SUITE 201
MARCO ISLAND, FL 33937

7. Name and Address of New Registered Agent

Name LAMB, JEFFREY R

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

9915 TAMiami TRAIL NORTH, SUITE 2

City NAPLES, FL

FL

Zip Code 34108

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

JEFFREY R. LAMB

(NOTE: Registered Agent signature required when reinstating)

DATE

2-18-00

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	LISA REDDISH	
STREET ADDRESS	634 BIMINI AVENUE	
CITY-ST-ZIP	MARCO ISLAND, FL	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	LISA REDDISH	
STREET ADDRESS	634 BIMINI AVENUE	
CITY-ST-ZIP	MARCO ISLAND, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISA REDDISH	
STREET ADDRESS	7156 FALCONS GLEN BLVD	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	VP/T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN POZATEK	
STREET ADDRESS	2660 70th STREET SW	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lisa Reddish
LISA REDDISH

2-25-00

941-643-6602

CR2E034 (9/99)