2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
000905 00

00 SEP -6 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000070285

1. Entity Name

Superior Waste Services of Florida, Inc.

Principal Place of Business	Mailing Address
P.O. Box 2736 5117 South Pine Avenue Ocala, FL 34480	P.O. Box 2736 5117 South Pine Avenue Ocala, FL 34480

2. Principal Place of Business
(Same as above)
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
(Same as above)
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0858287
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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 N/A
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, 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 P/D NAME G.W. "Bill" Dietrich STREET ADDRESS 125 South 84th Street, Suite 200 CITY-ST-ZIP Milwaukee, WI 53214	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V NAME James M. Dancy, Jr. STREET ADDRESS 125 South 84th St., Suite 200 CITY-ST-ZIP Milwaukee, WI 53214	☒ Delete	TITLE S NAME Karen K. Duke STREET ADDRESS 125 South 84th Street, Suite 200 CITY-ST-ZIP Milwaukee, WI 53214	☒ Change ☐ Addition
TITLE S NAME Scott S. Cramer STREET ADDRESS 125 South 84th Street, Suite 200 CITY-ST-ZIP Milwaukee, WI 53214	☒ Delete	TITLE AS NAME Scott S. Cramer STREET ADDRESS 125 South 84th Street, Suite 200 CITY-ST-ZIP Milwaukee, WI 53214	☒ Change ☐ Addition
TITLE T/D NAME George K. Farr STREET ADDRESS 125 South 84th Street, Suite 200 CITY-ST-ZIP Milwaukee, WI 53214	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000003391190--0 -09/13/00--01041--002 *****61.25 *****61.25
TITLE AS NAME Karen K. Duke STREET ADDRESS 125 South 84th Street, Suite 200 CITY-ST-ZIP Milwaukee, WI 53214	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE AS NAME Peter J. Ruud STREET ADDRESS 125 South 84th Street, Suite 200 CITY-ST-ZIP Milwaukee, WI 53214	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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] Karen K. Duke, Secretary 9/01/00 414-479-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #