

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000035425

1. Entity Name

ALTERNATIVE WASTE SERVICES, INC.

Principal Place of Business

9875 SE 58TH AVENUE  
BELLEVUE FL 34420

Mailing Address

POST OFFICE BOX 1267  
BELLEVUE FL 34421-1267

2. Principal Place of Business

408 Cypress Road

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1267

Suite, Apt. #, etc.

City & State

OCALA Florida

City & State

Bellevue Florida

Zip

34472

Country

MARION

Zip

34421

Country

MARION

4. FEI Number

59-3442037

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOURENCO, JERRY  
9875 SE 58TH AVENUE  
BELLEVUE FL 34420

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

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

TITLE PD  
NAME LOURENCO, JERRY  
STREET ADDRESS 9875 SE 58TH AVENUE  
CITY-ST-ZIP BELLEVUE FL 34420 ☐ Delete

TITLE TD  
NAME SOSA, ROGER  
STREET ADDRESS 3600 SE 36TH AVENUE  
CITY-ST-ZIP OCALA FL 34471 ☐ Delete

TITLE VD  
NAME LOURENCO, JOSEPH  
STREET ADDRESS 6030 SE 99TH PLACE  
CITY-ST-ZIP BELLEVUE FL 34420 ☐ Delete

TITLE S  
NAME PRICE, GORDON  
STREET ADDRESS 17 CEDAR TREE PASS  
CITY-ST-ZIP OCALA FL 34472 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 13, 2001 8:00 am  
Secretary of State

02-13-2001 90019 045 \*\*\*150.00

919506



DO NOT WRITE IN THIS SPACE

02-48305

CFR2E034 (10/00)