

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90126 018 ***150.00

DOCUMENT # P98000070285**1. Entity Name****SUPERIOR WASTE SERVICES OF FLORIDA, INC.****N/K/A Onyx Waste Services of Florida, Inc.****Principal Place of Business****P.O. BOX 2736
5117 SOUTH PINE AVENUE
OCALA FL 33480****Mailing Address****P.O. BOX 2736
5117 SOUTH PINE AVENUE
OCALA FL 33480**

00043203



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**5111 South Pine Avenue****3. Mailing Address****5111 South Pine Avenue****Suite, Apt. #, etc.****P.O. Box 2736****Suite, Apt. #, etc.****P.O. Box 2736****City & State****Ocala, FL 34480****City & State****Ocala, FL 34480****4. FEI Number****65-0858287****Applied For****Not Applicable****Zip****34480****Country****USA****Zip****34480****Country****USA****5. Certificate of Status Desired**☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****C T 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**

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 Fes 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 DIETRICH, G.W. "BILL"
STREET ADDRESS 125 S. 84TH ST., STE. 200
CITY-ST-ZIP MILWAUKEE WI 53214☐ Delete**TITLE S**
NAME DUKE, KAREN K
STREET ADDRESS 125 S. 84TH ST., STE. 200
CITY-ST-ZIP MILWAUKEE WI 53214☐ Delete**TITLE AS**
NAME CRAMER, SCOTT S
STREET ADDRESS 125 S. 84TH ST., STE. 200
CITY-ST-ZIP MILWAUKEE WI 53214☐ Delete**TITLE TD**
NAME FARR, GEORGE K
STREET ADDRESS 125 S. 84TH ST., STE. 200
CITY-ST-ZIP MILWAUKEE WI 53214☐ 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 V**
NAME Paul R. Jenks
STREET ADDRESS 125 S. 84th St., #200
CITY-ST-ZIP Milwaukee, WI 53214☐ Change☒ Addition**TITLE V**
NAME Wesley E. Berger
STREET ADDRESS 1605 Main St., #904
CITY-ST-ZIP Sarasota, FL 34236☐ 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:****Scott S. Cramer, Assistant Sec. 4/18/01 414-479-7800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

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