

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 279946

1. Entity Name
WASTE MANAGEMENT INC. OF FLORIDA



Principal Place of Business
1001 FANNIN SUITE 4000
HOUSTON TX 77002
US

Mailing Address
1001 FANNIN SUITE 4000
HOUSTON TX 77002
US

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90146 047 ***150.00



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-1094518	Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HOPKINS, DAVID R	
STREET ADDRESS	1001 FANNIN STE 4000	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	TVP	<input type="checkbox"/> Delete
NAME	JONES, RONALD	
STREET ADDRESS	1001 FANNIN SUITE 4000	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	VPAT	<input type="checkbox"/> Delete
NAME	CARPENTER, DON	
STREET ADDRESS	1001 FANNIN SUITE 4000	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	STEINER, DAVID	
STREET ADDRESS	1001 FANNIN SUITE 4000	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	AT	<input type="checkbox"/> Delete
NAME	SEWELL, FRANCES	
STREET ADDRESS	1001 FANNIN STE 4000	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	SMITH, LINDA	
STREET ADDRESS	1001 FANNIN SUITE 4000	
CITY-ST-ZIP	HOUSTON TX 77002	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCIS B. SEWELL 2/4/03 713-512-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)