

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000070285

Entity Name: ADVANCED DISPOSAL SERVICES SOLID WASTE SOUTHEAST, INC.**FILED**
Apr 04, 2018
Secretary of State
CC1584437453**Current Principal Place of Business:**90 FORT WADE ROAD
SUITE 200
PONTE VEDRA, FL 32081**Current Mailing Address:**90 FORT WADE ROAD
SUITE 200
PONTE VEDRA, FL 32081 US**FEI Number: 65-0858287****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CEO
Name	BURKE, RICHARD
Address	90 FORT WADE ROAD SUITE 200
City-State-Zip:	PONTE VEDRA FL 32081

Title	VP- TAX
Name	CHIZMAR, BOB
Address	90 FORT WADE ROAD SUITE 200
City-State-Zip:	PONTE VEDRA FL 32081

Title	TREASURER
Name	CARN, STEVEN R.
Address	90 FORT WADE ROAD SUITE 200
City-State-Zip:	PONTE VEDRA FL 32081

Title	SECRETARY, DIRECTOR
Name	SLATTERY, MICHAEL K.
Address	90 FORT WADE ROAD SUITE 200
City-State-Zip:	PONTE VEDRA FL 32081

Title	DIRECTOR
Name	SPEGAL, JOHN
Address	90 FORT WADE ROAD SUITE 200
City-State-Zip:	PONTE VEDRA FL 32081

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BOB CHIZMAR**VP- TAX****04/04/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date