

2000 UNIFORM BUSINESS REPORT (UBR)

060702

DOCUMENT # **255817**
 1. Entity Name
Nichols Sanitation, Inc

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 MAY 11 PM 1:58

Principal Place of Business Mailing Address

2. Principal Place of Business
1001 Famin Suite 4000 Houston TX 77002 USA

3. Mailing Address
1001 Famin Suite 4000 Houston TX 77002 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0973855

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 _____ (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 \$350.00
 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 President	<input type="checkbox"/> Delete	TITLE 500003273345	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Miller Matthews		NAME	
STREET ADDRESS 1001 Famin Ste 4000		STREET ADDRESS	
CITY-ST-ZIP Houston TX 77002		CITY-ST-ZIP	
TITLE Secretary & Sole Director	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Bryan S. Blankfield		NAME	
STREET ADDRESS 1001 Famin Ste 4000		STREET ADDRESS	
CITY-ST-ZIP Houston TX 77002		CITY-ST-ZIP	
TITLE Treasurer	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Ronald Jones		NAME	
STREET ADDRESS 1001 Famin Ste 4000		STREET ADDRESS	
CITY-ST-ZIP Houston TX 77002		CITY-ST-ZIP	
TITLE Vice President	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Robert Simpson		NAME	
STREET ADDRESS 1001 Famin Suite 4000		STREET ADDRESS	
CITY-ST-ZIP Houston TX 77002		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **Robert G. Simpson** Date: **4/19/2000** Debitime Phone #: **7135126504**