

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 08, 2000 8:00 am
Secretary of State

DOCUMENT # 629332

1. Entity Name

M & O SANITATION, INC.

Principal Place of Business

Mailing Address

251 N. STAR AVE.
 PANAMA CITY FL 32404
 US

731 MILES DRIVE
 PANAMA CITY FL 32404-8429
 US

2. Principal Place of Business

3. Mailing Address

251 N. Star Ave
 Suite, Apt. #, etc.

731 Miles Dr
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Panama City, FL

City & State

Panama City, FL

4. FEI Number

59-1955544

Applied For

Not Applicable

Zip

Country

32404

Bay County, FL

Zip

Country

32404

Bay Co FL

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

OSBORNE, WAVERLY
731 MILES DRIVE
PANAMA CITY FL 32404

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

Alma Osborne

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-24-00

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	OSBORNE, WAVERLY	
STREET ADDRESS	731 MILES DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	ST	<input type="checkbox"/> Delete
NAME	OSBORNE, ALMA	
STREET ADDRESS	731 MILES DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

CR2E034 (9/99)

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 REQUIRED

Alma Osborne

Date

5/30/00

Daytime Phone #

850-874-8111