

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90027 040 ***150.00

DOCUMENT # 646976

1. Entity Name

ALL SERVICE REFUSE COMPANY, INC.

Principal Place of Business

Mailing Address

110 S.E. 6TH STREET, 28TH FLOOR
 FT LAUDERDALE FL 33301
 US

110 S.E. 6TH STREET, 28TH FLOOR
 FT LAUDERDALE FL 33301-5000
 US

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 **59-1956352**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 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 | D | <input type="checkbox"/> Delete |
| NAME | HUDSON, HARRIS W. | |
| STREET ADDRESS | 110 S.E. 6TH STREET, 28TH FLOOR | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33301 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | COSMAN, JAMES H | |
| STREET ADDRESS | 110 S.E. 6TH STREET, 28TH FLOOR | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33301 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | BARCLAY, DAVID A | |
| STREET ADDRESS | 110 S.E. 6TH STREET, 28TH FLOOR | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33301 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | LANG, EDWARD A III | |
| STREET ADDRESS | 110 S.E. 6TH STREET, 28TH FLOOR | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33301 | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. BARCLAY 4/30/00 954-769-2928

Date

Daytime Phone #

CR2E034 (9/99)