

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 849358

1. Entity Name

S-W DISPOSAL SYSTEM, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90046 008 ***150.00

Principal Place of Business

Mailing Address

PO BOX 64
ST CHARLES IL 60174
US

PO BOX 64
ST CHARLES IL 60174-0064
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **36-3114080**

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

CRAWFORD, J STEPHEN
5117 CASTELLO DRIVE
NAPLES FL 33940

Name

Street Address (P.O. Box Number is Not Acceptable)
28000 Spanish Wells Blvd.

City

Bonita Springs,

FL

Zip Code
34135

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 **PD** ☐ Delete
NAME **MCARDLE, DAVID A.**
STREET ADDRESS **4051 E MAIN ST**
CITY-ST-ZIP **ST CHARLES IL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **CRAWFORD, J. STEPHEN**
STREET ADDRESS **5551 RIDGEWOOD DRIVE**
CITY-ST-ZIP **NAPLES FL**

TITLE **AS** ☒ Change ☐ Addition
NAME **Crawford, J Stephen**
STREET ADDRESS **28000 Spanish Wells Blvd.**
CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE **VD** ☐ Delete
NAME **MCARDLE, EDWARD J.**
STREET ADDRESS **5101 CAROLINE**
CITY-ST-ZIP **HOUSTON TX**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **KELLY, THOMAS J**
STREET ADDRESS **4051 E MAIN ST**
CITY-ST-ZIP **ST CHARLES, IL 00000**

TITLE **SC** ☒ Change ☐ Addition
NAME **Kelly, Thomas J**
STREET ADDRESS **1600 E. Main Street, Suite B**
CITY-ST-ZIP **St. Charles, IL 60174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Thomas J. Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J. Kelly, Secretary, 1/31/00, (630) 584-6580

Date

Daytime Phone #

CR2E034 (9/99)