

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 849358

1. Entity Name

S-W DISPOSAL SYSTEM, INC.

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90004 007 ***550.00

Principal Place of Business

PO BOX 64
ST CHARLES IL 60174
US

Mailing Address

PO BOX 64
ST CHARLES IL 60174
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

36-3114080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRAWFORD, J STEPHEN
28000 SPANISH WELLS BLVD.
BONITA SPRINGS FL 34135

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

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

TITLE AS
NAME CRAWFORD, J. STEPHEN
STREET ADDRESS 28000 SPANISH WELLS BLVD
CITY-ST-ZIP BONITA SPRINGS FL 34135 ☐ Delete

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

TITLE SC
NAME KELLY, THOMAS J
STREET ADDRESS 1600 E. MAIN STREET, SUITE B
CITY-ST-ZIP SAINT CHARLES IL 60174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 another like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0138187 AB

CR2E034 (5/01)