

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001379

1. Entity Name
WASTE EQUIPMENT PARTNERS, LTD.



FILED

03 JUL 18 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4511 NORTH HIMES AVENUE, STE. 195
TAMPA FL 33614

Mailing Address
4511 NORTH HIMES AVENUE, STE. 195
TAMPA FL 33614

2. Principal Place of Business
4511 NORTH HIMES AVE.

3. Mailing Address
PO Box 26414

Suite, Apt. #, etc.
SUITE 240

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
TAMPA FLORIDA

City & State
TAMPA FLORIDA

4. EEL Number
30-0125520

Applied For
Not Applicable

Zip
33614

Country

Zip
33623-6414

Country

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

MATHEWS, MILLER J III
4511 NORTH HIMES AVENUE, STE. 195
TAMPA FL 33614

Name
MATHEWS, MILLER J III
Street Address (P.O. Box Number is Not Acceptable)
4511 N HIMES AVE, STE. 240
City
TAMPA FL Zip Code
33614

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 4/30/03
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$150,000.00

10. Amount of Capital Contributions in FLORIDA to date. -0-

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # LO2000003618
NAME ENVIRO-MANAGEMENT PARTNERS, LLC
STREET ADDRESS 4511 N. HIMES AVENUE, STE. 195
CITY-ST-ZIP TAMPA FL 33614

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

300018466483
05/07/03--01105--010 **61.25

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

300018466483
05/07/03--01105--010 **88.75

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300018466483
07/18/03--01060--025 **80.00

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 629, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/03 813-348-9700
Date Daytime Phone #

CR2E003 (10/02)

0013645 AT