

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90046 014 ***150.00

DOCUMENT # F00000000466

1. Entity Name

NATIONAL WASTE MANAGEMENT, INC.

Principal Place of Business

**3032 S. PENINSULA DRIVE
 DAYTONA BEACH SHORES FL 32118**

Mailing Address

**3032 S. PENINSULA DRIVE
 DAYTONA BEACH SHORES FL 32118**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 290639

Suite, Apt. #, etc.

City & State

Port Orange FL.

Zip

32129

Country

Volusia

4. FEI Number

59-3486194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**HART, JANICE G ESO
 3032 S. PENINSULA DRIVE
 DAYTONA BEACH SHORES FL 32118**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. Is corporation 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, 2002 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

TITLE **PTC** ☐ Delete
 NAME **TEELON, CHARLES W**
 STREET ADDRESS **3032 S. PENINSULA DRIVE**
 CITY-ST-ZIP **DAYTONA BEACH SHORES FL 32118**

TITLE **S** ☐ Delete
 NAME **HART, JANICE G**
 STREET ADDRESS **3032 S. PENINSULA DRIVE**
 CITY-ST-ZIP **DAYTONA BEACH SHORES FL 32118**

TITLE ☐ Delete
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

JANICE G. HART

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

15 March 02 386-7631308

CR2E034 (9/01)