

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006827

1. Entity Name

WASTEEXCHANGE.COM, INC.

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90080 020 \*\*\*150.00

Principal Place of Business

1701 TOWNE DRIVE  
WEST CHESTER PA 19380

Mailing Address

1701 TOWNE DRIVE  
WEST CHESTER PA 19380

2. Principal Place of Business

1246 WEST CHESTER PIKE

3. Mailing Address

1246 WEST CHESTER PIKE

Suite, Apt. #, etc.

SUITE 310

Suite, Apt. #, etc.

SUITE 310

City & State

WEST CHESTER PA

City & State

WEST CHESTER, PA.

Zip

19382

Country

US

Zip

19382

Country

US

4. FEI Number

23-3039514

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

BLANTON, EDWIN F  
825 THOMASVILLE ROAD  
TALLAHASSEE FL 32303

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, 2001 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 CD ☐ Delete  
NAME COOLEY, CHARLES  
STREET ADDRESS 1701 TOWNE DRIVE  
CITY-ST-ZIP WEST CHESTER PA

TITLE VD ☐ Change ☒ Addition  
NAME ROBERT RYAN  
STREET ADDRESS 1701 TOWNE DRIVE  
CITY-ST-ZIP WEST CHESTER, PA.

TITLE PD ☐ Delete  
NAME COOLEY, FRANCO  
STREET ADDRESS 1701 TOWNE DRIVE  
CITY-ST-ZIP WEST CHESTER PA

TITLE ☒ Change ☐ Addition  
NAME BRIAN FRANCO  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME LOWTHER JR, WILLIAM  
STREET ADDRESS 1701 TOWNE DRIVE  
CITY-ST-ZIP WEST CHESTER PA

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

TITLE STD ☐ Delete  
NAME CIARDI III, ALBERT A  
STREET ADDRESS 1701 TOWNE DRIVE  
CITY-ST-ZIP WEST CHESTER PA

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

TITLE D ☐ Delete  
NAME SHAW, MICHAEL  
STREET ADDRESS 1701 TOWNE DRIVE  
CITY-ST-ZIP WEST CHESTER PA

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

TITLE D ☐ Delete  
NAME PRIUM, RONALD  
STREET ADDRESS 1701 TOWNE DRIVE  
CITY-ST-ZIP WEST CHESTER PA

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:

*Brian Franco* BRIAN FRANCO

2-16-00

281-584-8122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)