

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90196 004 \*\*\*150.00

DOCUMENT # **F02000001287**



1. Entity Name  
**INTERSTATE WASTE TECHNOLOGIES, INC.**

Principal Place of Business  
**222 SMALLWOOD VILLAGE CENTER  
WALDORF MD 20602**

Mailing Address  
**222 SMALLWOOD VILLAGE CENTER  
WALDORF MD 20602**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-1676788**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                                     |                                 |
|----------------|-------------------------------------|---------------------------------|
| TITLE          | <b>CD</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>AUGENBLICK, MARK</b>             |                                 |
| STREET ADDRESS | <b>2 W WASHINGTON ST</b>            |                                 |
| CITY-ST-ZIP    | <b>MIDDLEBURG VA 20118</b>          |                                 |
| TITLE          | <b>VP</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>CAMPBELL, FRANCIS</b>            |                                 |
| STREET ADDRESS | <b>17 MYSTIC LANE</b>               |                                 |
| CITY-ST-ZIP    | <b>MALVERNE VA 19355</b>            |                                 |
| TITLE          | <b>D</b>                            | <input type="checkbox"/> Delete |
| NAME           | <b>WILSON, JAMES</b>                |                                 |
| STREET ADDRESS | <b>2 W WASHINGTON ST</b>            |                                 |
| CITY-ST-ZIP    | <b>MIDDLEBURG VA 20118</b>          |                                 |
| TITLE          | <b>V</b>                            | <input type="checkbox"/> Delete |
| NAME           | <b>LIDDLE, LARRY</b>                |                                 |
| STREET ADDRESS | <b>17 MYSTIC LANE</b>               |                                 |
| CITY-ST-ZIP    | <b>MALVERN PA 19355</b>             |                                 |
| TITLE          | <b>S</b>                            | <input type="checkbox"/> Delete |
| NAME           | <b>SANDERS, MARY LOUISE</b>         |                                 |
| STREET ADDRESS | <b>222 SMALLWOOD VILLAGE CENTER</b> |                                 |
| CITY-ST-ZIP    | <b>WALDORF MD 20602</b>             |                                 |
| TITLE          | <b>T</b>                            | <input type="checkbox"/> Delete |
| NAME           | <b>DILLON, PAUL</b>                 |                                 |
| STREET ADDRESS | <b>222 SMALLWOOD VILLAGE CENTER</b> |                                 |
| CITY-ST-ZIP    | <b>WALDORF MD 20602</b>             |                                 |

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul Dillon* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/2003

CR2E034 (10/02)