

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 30, 2003 8:00 am**  
**Secretary of State**

06-30-2003 90069 046 \*\*\*150.00

DOCUMENT # F02000003367

1. Entity Name

ADVANCED DISPOSAL SERVICES, INC.



Principal Place of Business  
9250 BAYMEADOWS RD., STE. 220  
JACKSONVILLE FL 32256

Mailing Address  
9250 BAYMEADOWS RD., STE. 220  
JACKSONVILLE FL 32256

Approved \_\_\_\_\_ Date \_\_\_\_\_



2. Principal Place of Business  
9995 Gate Parkway

3. Mailing Address  
9995 Gate Parkway

Suite, Apt. #, etc.  
Suite 200

Suite, Apt. #, etc.  
Suite 200

City & State  
Jacksonville FL

City & State  
Jacksonville FL

4. FEI Number 59-3683936

Applied For  
Not Applicable

Zip 32241

Country

Zip 32241

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

APPLEBY, CHARLES C  
9250 BAYMEADOWS RD., STE. 220  
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

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

9995 Gate Parkway  
Suite 200

City Jacksonville

FL

Zip Code 32241

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

TITLE C ☐ Delete  
NAME CRAWFORD, FELIX A  
STREET ADDRESS 9250 BAYMEADOWS RD., STE. 220  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE DPST ☐ Delete  
NAME APPLEBY, CHARLES C  
STREET ADDRESS 9250 BAYMEADOWS RD., STE. 220  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D ☐ Delete  
NAME HALL, WALTER JR.  
STREET ADDRESS 9250 BAYMEADOWS RD., STE. 220  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE VP ☐ Delete  
NAME WILLIAMS, MARY M  
STREET ADDRESS 9250 BAYMEADOWS RD., STE. 220  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 9995 Gate Parkway #200  
CITY-ST-ZIP Jacksonville FL 32241

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 9995 Gate Parkway #200  
CITY-ST-ZIP Jacksonville FL 32241

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 9995 Gate Parkway #200  
CITY-ST-ZIP Jacksonville FL 32241

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NAME  
STREET ADDRESS 9995 Gate Parkway #200  
CITY-ST-ZIP Jacksonville FL 32241

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-03

904-737-7900

Date

Daytime Phone #