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03 MAR -6 AM 10:55

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Handwritten initials

DOCUMENT # F90922
1. Entity Name
SYNAGRO OF FLORIDA - DAVIS WATER, INC.



Principal Place of Business
89111 OVERSEAS HIGHWAY
TAVERNIER, FL 33070 US
Mailing Address
1800 BERING
SUITE 1000
HOUSTON, TX 77057 US

800013168608
02/27/03--01075--004 **750.00



2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 59-2210462
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when existing.)

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

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include PD PATTEN, ROSS M; VPD ROME, MARK A; VPS THOMAS, ALVIN L; VPT WITHROW, J. PAUL; VP BOUCHER, ROBERT C; VP CARMICHAEL, JAMES P.

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. For additions/changes to officers and directors.

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 information.

SIGNATURE: Alvin L. Thomas 2/20/03 213 369 1794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)