

# 2000 UNIFORM BUSINESS REPORT (UBR)

0607921

DOCUMENT # **F97000001673**  
 1. Entity Name  
**United Waste Systems Leasing, Inc.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 MAY 11 PM 1:36

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address  
**1001 Fannin** **1001 Fannin**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 4000** **Suite 4000**  
 City & State City & State  
**Houston TX** **Houston TX**  
 Zip Country Zip Country  
**77002 USA** **77002 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **38-3324143** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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.

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, 2000 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	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>Robert Simpson</b>		STREET ADDRESS	<b>000003273450-5</b>	
CITY-ST-ZIP	<b>1001 Fannin Ste 4000</b>		CITY-ST-ZIP	<b>-06/01/00--01048--001</b>	
	<b>Houston TX 77002</b>			<b>***7650.00 ***150.00</b>	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>Secretary &amp; Sole Director</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>Bryan F. Blankfield</b>		CITY-ST-ZIP		
	<b>1001 Fannin Ste 4000</b>				
	<b>Houston TX 77002</b>				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>Treasurer</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>Ronald Jones</b>		CITY-ST-ZIP		
	<b>1001 Fannin Ste 4000</b>				
	<b>Houston TX 77002</b>				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Robert G. Simpson** **4/19/2000** **7135126504**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #