2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State
06-09-2000 90219 018 ***150.00

DOCUMENT # F98000007118

1. Entity Name
CAPITAL ENVIRONMENTAL RESOURCE, INC.

Principal Place of Business	Mailing Address
3496 Court St. Rd. Syracuse, NY 13206-1094	3496 Court St. Rd. Syracuse, NY 13206-1094

D0063117

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3496 Court St. Rd.	3496 Court St. Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Syracuse, New York	Syracuse, New York
Zip: 13206-1094 Country: USA	Zip: 13206-1094 Country: USA

4. FEI Number: 16-1206586 ☐ 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 32301-2525

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
CD BUSSERI, TONY 1005 SKYVIEW DRIVE BURLINGTON, ONTARIO L7P 5B1 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
PTD LOOPSTRA, ALLARD 1005 SKYVIEW DRIVE ~~BURLINGTON, ONTARIO L7P 5B1~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
VSD HESS, MICHAEL 3496 COURT ST RD SYRACUSE, NY 13206 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP VSD NOLAN, DENNIS 1005 Skyview Drive Burlington, Ontario Canada L7P 5B1 ☒ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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.

c/o E. Parker Brown, Esq.

SIGNATURE: _____ May , 2000 (315) 474-8218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Dennis Nolan

CR2E074 (6/98)