

FILED
Aug 01, 2002 8:00 am
Secretary of State

08-01-2002 90183 001 *1,050.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Synagro of Florida -
Ecosystems, Inc.



DO NOT WRITE IN THIS SPACE

98104

2. Principal Place of Business

89111 OVERSEAS Hwy

Suite, Apt., etc.

3. Mailing Address

1800 BERING

Suite, Apt., etc.

City & State

TAVERNIER, FL

Zip

33070

Country

USA

City & State

HOUSTON, TEXAS

Zip

77057

Country

USA

4. FEI Number

59-2580855

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

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IN THIS SPACE

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 fee if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

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



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President/Director	Ross M. Patten	1800 Bering, Suite 1000	Houston, Texas 77057
Vice President/Director	Mark A. Rome	1800 Bering, Suite 1000	Houston, Texas 77057
Vice President/Secretary	Alvin L. Thomas	1800 Bering, Suite 1000	Houston, Texas 77057
Vice President/Treasurer	J. Paul Withrow	1800 Bering, Suite 1000	Houston, Texas 77057
Vice President	Robert C. Boucher	1800 Bering, Suite 1000	Houston, Texas 77057
Vice President	James P. Carmichael	1800 Bering, Suite 1000	Houston, Texas 77057

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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IN THIS SPACE

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Alvin L. Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-02

DATE

713 369 1744

Daytime Phone #