

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90076 042 ***150.00

DOCUMENT # J35256

1. Entity Name

COMMUNITY ENVIRONMENTAL CONTAINERS, INCORPORATED

Principal Place of Business

15-17-19 LONESTAR ST
 UMATILLA FL 32784-1815
 US

Mailing Address

15-17-19 LONESTAR ST
 PO BOX 1815
 UMATILLA FL 32784-1815
 US

2. Principal Place of Business

118 W Palmetto Rd
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 236
 Suite, Apt. #, etc.

City & State

Pierson Fl 32180
 Zip Country

City & State

Pierson Florida
 Zip Country

4. FEI Number

59-2726338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BROWN, ROBERT LAWRENCE
24034 MINK RD
ASTOR FL 32102

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, 2002 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

TITLE **PD** ☐ Delete
 NAME **BROWN, ROBERT LAWRENCE**
 STREET ADDRESS **24034 MINK RD**
 CITY-ST-ZIP **ASTOR FL**

TITLE **STD** ☐ Delete
 NAME **BROWN, CHARLOTTE M.**
 STREET ADDRESS **24034 MINK RD**
 CITY-ST-ZIP **ASTOR FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: *Charlotte M. Brown*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 8/02
 Date

386-749-0306
 Daytime Phone #

CR2E034 (9/01)