

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

06-02-2001 90011 029 \*\*\*150.00

**DOCUMENT # J49247**

1. Entity Name  
**126TH AVENUE LANDFILL, INC.**

Principal Place of Business 5833 126TH AVENUE NORTH CLEARWATER FL 33760	Mailing Address 1671 SHERBROOK RD CLEARWATER FL 33764
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A0072316



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address <b>4239 S. Paddock PT</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Inverness, FL</b>	
Zip	Country	Zip <b>34450</b>	Country
4. FEI Number <b>59-2855777</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HAIN, RICHARD L SR.</b> <del>5833 126TH AVE NORTH</del> <del>CLEARWATER FL 33760</del>		Name Street Address (P.O. Box Number is Not Acceptable) City	
<b>4239 S. Paddock PT</b> <b>Inverness, FL</b> <b>34450</b>		<b>FL</b> 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 Richard L. Hain Sr DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input type="checkbox"/> Delete <b>HAIN, RICHARD L SR</b> <b>5833 126TH AVENUE NORTH</b> <b>CLEARWATER FL 33760</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Richard L. Hain Sr Date 4/24/01 Daytime Phone # 352.3418479  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)