

2000 UNIFORM BUSINESS REPORT (UBR)

06078

DOCUMENT # **K98891**
 1. Entity Name **Boone Waste Industries, Inc.**

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAY 11 PM 2:16

Principal Place of Business Mailing Address

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

3. Mailing Address **1001 Famin**
 Suite, Apt. #, etc. **Suite 4000**
 City & State **Houston TX**
 Zip **77002** Country **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2978195** 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

TITLE	President	☐ Delete
NAME	Miller Mathews	
STREET ADDRESS	1001 Famin Ste 4000	
CITY-ST-ZIP	Houston TX 77002	
TITLE	Secretary & Sole Director	☐ Delete
NAME	Bryan J. Blankfield	
STREET ADDRESS	1001 Famin Ste 4000	
CITY-ST-ZIP	Houston TX 77002	
TITLE	Treasurer	☐ Delete
NAME	Ronald Jones	
STREET ADDRESS	1001 Famin Ste 4000	
CITY-ST-ZIP	Houston TX 77002	
TITLE	Vice President	☐ Delete
NAME	Robert Simpson	
STREET ADDRESS	1001 Famin Suite 4000	
CITY-ST-ZIP	Houston TX 77002	
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		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert G. Simpson
Vice President

Date

Daytime Phone #

4/19/2000

7135126504