

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000003843

FILED  
Apr 15, 2002 8:00 AM  
Secretary of State

**Entity Name:** DRAPER WASTE SOLUTIONS, LLC

**Current Principal Place of Business:**

2245 NW 139 AVENUE  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

2245 NW 139 AVENUE  
SUNRISE, FL 33323

**New Mailing Address:**

**FEI Number:** 65-1083949

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DRAPER, SCOTT E  
2245 NW 139 AVENUE  
SUNRISE, FL 33323

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: DRAPER, SCOTT E  
Address: 2245 NW 139 AVE  
City-St-Zip: SUNRISE, FL 33323 US

Title: MGR ( ) Change (X) Addition  
Name: DRAPER, SUZANNE J  
Address: 2245 NW 139 AVE  
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SCOTT E. DRAPER

MGR

04/15/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date