2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100005256

FILED Feb 24, 2002 8:00 am Secretary of State

Principal Place of Business 871 HOULES BLVD 87. AUGUSTINE FL 32068 97. Augustine Augustin	AMERICAN DISPOSAL SERVICES, LLC									02-24-20	02 9000	06 014 **	***50	0.00	
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HICKS, DANIEL 421 SOUTH PINE AVE. OCALA FL 34474 8. The above named entity submits this statement for the purpose of changing its registered Agent special registered agent and tise 1 aphticule. (NOTE inclined Agent special registered agent, or both, in the State of Florida. SIGNATURE Symbol	Zip	Zip Country Z						5. Ce	5. Certificate of Status Desired \$5.00 Additional						7
HICKS, DANIEL 421 SOUTH PINE AVE. OCALA FL 34474 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 Symatis, hipseld or private name of registered agent and title if applicable. NOTE Paraglanded Agent spreadure required when retraining)	6. Name and Address of Current Registered				ed Agent			7. Na	and Address of Nev	v Registe	red Agent	•			
OCALA FL 34474 City FL Zip Code															$\frac{1}{1}$
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FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR PAGUA, JOHN A JR. NAME STREET ADDRESS CITY-ST-ZIP TITLE MGR CINELLI, JAMES V 671 HOLMES BLVD. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRE	SIGNATURE .	Signature, typed i	Or printed game of registered egent an	nd title if any	plicable (NOTE	- Aagistare	d Agent signatura	required when rains	tatina	0	_2	-4-0	2		
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CITY-ST-ZIP 11. 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 is true and section 2001 have the same level effect as if made under attribute the same level effect as if made under attribute the same level.	NAME STREET ADDRESS CITY-ST-ZIP	Opplify that the	information and the desired	ed a sur-		NAMI STRE CITY	ET ADDRESS ST-ZIP	in 01 11	^ ^=	V0VI)			_		

t my signature shall have the same legal effect as if made under oath; that I a npowered to execute this report as required by Chapter 608, Florida Statutes.