

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

02-24-2002 90006 014 \*\*\*\*50.00

**DOCUMENT # L01000005256**

1. Entity Name

**AMERICAN DISPOSAL SERVICES, LLC**

Principal Place of Business

**671 HOLMES BLVD.  
 ST. AUGUSTINE FL 32086**

Mailing Address

~~671 HOLMES BLVD.  
 ST. AUGUSTINE FL 32086~~

*P.O. Box 2635  
 Ormond Beach, FL 32175*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*32175*

*Volusia*

4. FEI Number

*59-3711906*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HICKS, DANIEL  
 421 SOUTH PINE AVE.  
 OCALA FL 34474**

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)

*2-4-02*

DATE

**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 NAME	<b>MGR PAGLIA, JOHN A JR.</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>5111 SOUTH PINE AVE. SUITE F OCALA FL 34480</b>	
TITLE NAME	<b>MGR CINELLI, JAMES V</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>671 HOLMES BLVD. ST. AUGUSTINE FL 32086</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 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 accurate and that my 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*2-4-02(904)824-6379*

Date

Daytime Phone #

CR2E083 (9/01)