

2001 UNIFORM BUSINESS REPORT (UBR)

0024906 AF

DOCUMENT # L98000002284

1. Entity Name
CITY SANITATION, L.L.C.

FILED

01 APR 16 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3060 LEON RD., STE 100
JACKSONVILLE FL 32246

Mailing Address
3060 LEON RD., STE 100
JACKSONVILLE FL 32246



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 59-3534186

Applied For
Not Applicable

Zip

Country

Zip

Country

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

STEWART, J. REESE
4062 N. LIBERTY ST.
JACKSONVILLE FL 32206-1405

Name STEWART, J. REESE
Street Address (P.O. Box Number is Not Acceptable)
13784 SEA HAWK STREET
City JACKSONVILLE FL Zip Code 32224

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.

J. REESE STEWART

13 April 01

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

400004078074--0
-04/25/01--01085--024
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME SCHWIEZER, TIM
STREET ADDRESS 1600 W NEW HAMPSHIRE AVE
CITY-ST-ZIP ORLANDO FL 32804

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME STEWART, JAMES REESE
STREET ADDRESS 13784 SEA HAWK STREET
CITY-ST-ZIP JACKSONVILLE FL 32224

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

Date

Daytime Phone #

CR2E083 (11/00)