

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90144 049 ****50.00

DOCUMENT # L98000002284

1. Entity Name

CITY SANITATION, L.L.C.

Principal Place of Business

**3060 LEON RD., STE 100
 JACKSONVILLE FL 32246**

Mailing Address

**3060 LEON RD., STE 100
 JACKSONVILLE FL 32246**

960898

2. Principal Place of Business

**4325 ST. AUGUSTINE RD.
 Suite, Apt. #, etc.**

3. Mailing Address

**4325 ST. AUGUSTINE RD.
 Suite, Apt. #, etc.**

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32207

Country

USA

Zip

32207

Country

USA

4. FEI Number

59-3534186

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**STEWART, J. REESE
 13784 SEA HAWK STREET
 JACKSONVILLE FL 32224**

7. Name and Address of New Registered Agent

Name **J. REESE STEWART**

Street Address (P.O. Box Number is Not Acceptable)

4325 ST. AUGUSTINE ROAD

City

JACKSONVILLE

FL

Zip Code

32207

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

J. REESE STEWART

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/02

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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 REQUIRED

4/30/02

904 306-1822

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

Date

Daytime Phone #

CR2E083 (9/01)