2000 UNIFORM BUSINESS REPORT (UBR)

L99000006426 DOCUMENT # 1. Entity Name 00 MAY 30 AM 9: 27 MX REFUSE SERVICE, L.L.C. SECRETARY OF STATE TALL AHASSEE, FLORIDA Principal Place of Business Mailing Address 5015 S FLORIDA AVENUE 5015 S FLORIDA AVENUE STE 200 STE 200 LAKELAND FL 33813 LAKELAND FL 33813-2562 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For Not Applicable Zip \$5.00 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLARK, RONALD Street Address (P.O. Box Number is Not Acceptable) 4740 CLEVELAND HEIGHTS BLVD LAKELAND FL 33807 Zip Code FL 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. Change Addition | TITLE MGR ☐ Delate TITLE MAXWELL, LAWRENCE T NAME STREET ADDRESS 5015 S FLORIDA AVENUE STE 200 STREET ADDRESS CITY- ST- ZIP CITY- ST- ZIP LAKELAND FL 33813 Addition Octete TIM F TITLE MAME MANE STREET ADDRESS STREET GRORES 100003290171--1 -06/14/00--01@blance-0U-backetton CITY- 21-719 CITY-ST-ZIP 🗀 Delete TITLE ~~*****5**5**:00~ ********55**.00~ NAME _ -_ NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-7IP ☐ Change Addition TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-8T-ZIP CITY-\$T-ZIP Addition Change TITLE Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP Change ■ Addition TITLE KAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY- ST- ZIP

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

APPROVED

Daytime Phone #