

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90025 038 ****50.00

DOCUMENT # L99000006745

1. Entity Name

WASTE AWAY SYSTEMS, LLC



Principal Place of Business

**201 N. MERIDIAN AVENUE
TAMPA FL 33602**

Mailing Address

**201 N. MERIDIAN AVENUE
TAMPA FL 33602**

2. Principal Place of Business

16181 Flight Path Dr.

Suite, Apt. #, etc.

3. Mailing Address

16181 Flight Path Dr.

Suite, Apt. #, etc.

City & State

Brooksville, FL

City & State

Brooksville, FL

Zip

34604

Country

USA

Zip

34604

Country

USA

6. Name and Address of Current Registered Agent

CALNAN, DENNIS

**201 N. MERIDIAN AVENUE
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name
Rea, Barret

Street Address (P.O. Box Number is Not Acceptable)
16181 Flight Path Drive

City
Brooksville

FL

Zip Code

34604

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CALNAN, DENNIS J
201 N. MERIDIAN AVE.
TAMPA FL 33602** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FAGAN, DAVID W
201 N. MERIDIAN AVE.
TAMPA FL 33602** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
REA, DONALD
625 LIBERTY AVE., SUITE 3100
PITTSBURGH PA 15222** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KENDALL, JEFFREY
625 LIBERTY AVE., SUITE 3100
PITTSBURGH PA 15222** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RUSSELL, ANDREW
625 LIBERTY AVE., SUITE 3100
PITTSBURGH PA 15222** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
REA, BARRET
16181 FLIGHT PATH DRIVE
BROOKSVILLE, FL 34604** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FAGAN, DAVID W.
16181 FLIGHT PATH DRIVE
BROOKSVILLE, FL 34604** ☒ Change ☐ Addition

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

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

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

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

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: Y **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

CR2E083 (10/02)