

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001398

1. Entity Name

OMNI WASTE LLC

Principal Place of Business

Mailing Address

1909 N. 3RD ST., SUITE 1  
JACKSONVILLE FL 32250

1909 N. 3RD ST., SUITE 1  
JACKSONVILLE FL 32250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1614969

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

F & L CORP.

200 LAURA STREET

JACKSONVILLE FL 32202

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)

DATE

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE ☐ Delete  
NAME MEMBER  
STREET ADDRESS TDCOM, LLC  
CITY-ST-ZIP 2 RIVER PLACE, SUITE 200  
DAYTON, OH 45405

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

TITLE ☐ Delete  
NAME MEMBER  
STREET ADDRESS DONALD MOOREHEAD  
CITY-ST-ZIP 15301 SPECTRUM DRIVE, SUITE 390  
ADDISON, TEXAS 75001

TITLE ☐ Change ☐ Addition  
NAME 200004420282--6  
STREET ADDRESS -06/14/01--01084--019  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE ☐ Delete  
NAME MEMBER  
STREET ADDRESS TIMOTHY SALOPEX  
CITY-ST-ZIP 1400 W. OAK ST, UNIT H  
KISSIMMEE, FL 34741

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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]*

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

5/21/2001

Date

Daytime Phone #

CR2E083 (11/00)

00030C AF



DO NOT WRITE IN THIS SPACE

FILED  
01 MAY 25 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA