2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000001162

1. Entity Name

OMNI WASTE OF ST. CLOUD LLC

Principal Place of Business	Mailing Address
~~100 CHURCH ST.~~ ~~KISSIMMEE FL 34741~~	100 CHURCH ST. KISSIMMEE FL 34741

2. Principal Place of Business	3. Mailing Address
2701 Peg Horn Way	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Cloud, Florida	City & State
Zip: 34769 Country: Osceola	Zip: Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3717990   Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name: R. Stephen Miles, Jr.

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

100 Church Street

City: Kissimmee   FL   Zip Code: 34741

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 _____ R. Stephen Miles, Jr. _____ 3/28/2002

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE: Manager NAME: Salopek, Timothy J. STREET ADDRESS: P.O. Box 421613 CITY-ST-ZIP: Kissimmee, Florida 34742-1613	☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change	☐ Addition
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CR2E083 (9/01)

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: _____ Timothy J. Salopek   1/9/2002   407/847-5151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #