

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90162 036 ****50.00

DOCUMENT # M01000002418

1. Entity Name

ONYX WASTE SERVICES, LLC

Principal Place of Business

**1101 HAWKINS ST.
VALDOSTA GA 31601**

Mailing Address

**1101 HAWKINS ST.
VALDOSTA GA 31601**

2. Principal Place of Business

1101 Hawkins Street

3. Mailing Address

125 South 84th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

Valdosta, GA

City & State

Milwaukee, WI

4. FEI Number

39-1733405

Applied For

Not Applicable

Zip

Country

31604**Lowndes**

Zip

Country

53214**Milwaukee**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

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

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ONYX PECAN ROW LANDFILL, LLC	
STREET ADDRESS	2995 WEATHERINGTON LANE	
CITY-ST-ZIP	VALDOSTA GA 31601	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Delete
NAME	Paul R. Jenks	
STREET ADDRESS	125 S. 84th St. #200	
CITY-ST-ZIP	Milwaukee, WI 53214	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	Karen K. Duke	
STREET ADDRESS	125 S. 84th St., #200	
CITY-ST-ZIP	Milwaukee, WI 53214	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	George K. Farr	
STREET ADDRESS	1605 Main Street, Suite 904	
CITY-ST-ZIP	Sarasota, FL 34236	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Assistant S	<input type="checkbox"/> Delete
NAME	Scott S. Cramer	
STREET ADDRESS	125 S. 84th St., #200	
CITY-ST-ZIP	Milwaukee, WI 53214	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Assistant T	<input type="checkbox"/> Delete
NAME	Raphael B. Bruckert	
STREET ADDRESS	125 S. 84th St., #200	
CITY-ST-ZIP	Milwaukee, WI 53214	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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****Karen K. Duke, Secretary 3/6/02 414-479-7800**

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

Date

Daytime Phone #

CR2E083 (9/01)