

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22798 (5)

1. Entity Name

COCO PLUM CENTRAL DISPOSAL SYSTEMS, INC.

Principal Place of Business

100 AVE I
MARATHON, FL.
33050

Mailing Address

130 COCO PLUM DR
#203
MARATHON, FL.
33050

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FEI Number

65-010-6237

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Smith, Ralph F.
130 COCO PLUM DR.
#203
MARATHON, FL. 33050

7. Name and Address of New Registered Agent

Name
S. MARIE SMITH
Street Address (P.O. Box Number is Not Acceptable)
100 AVE. I
COCO PLUM DR.
City
MARATHON, FL Zip Code
33050

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 S. Marie Smith PD.

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

(NOTE: Registered Agent signature required when reinstating)

4-20-01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME Smith, Ralph F. ☒ Delete
STREET ADDRESS 716 Key Colony Bch.
CITY-ST-ZIP Key Colony Bch. FL.

TITLE D
NAME CHIVERS, SANDRA ☐ Delete
STREET ADDRESS 2920 Yellowtail DR.
CITY-ST-ZIP MARATHON, FL.

TITLE STD
NAME Smith, S. Marie ☐ Delete
STREET ADDRESS 130 COCO PLUM DR.
CITY-ST-ZIP MARATHON FL.

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☒ Addition
NAME S. MARIE SMITH
STREET ADDRESS 100 AVE. I, COCO PLUM DR.
CITY-ST-ZIP MARATHON, FL. 33050

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

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

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

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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. Marie Smith PD.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01

Date

910-327-5661

Daytime Phone #

CR2E037 (1/1/00)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90005 029 ****70.03

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DO NOT WRITE IN THIS SPACE