## **FILED UNIFORM BUSINESS REPORT (UBR)** 2002 May 01, 2002 8:00 am Secretary of State DOCUMENT # N 2279 05-01-2002 91517 031 \*\*\*\*65.00 COCO PLUM CENTRAL DISPOSAL SYSTEMS, INC. Principal Place of Business Mailing Address 100 Avenue I 130 Coco Plum Dr. #203 $\mathbf{U} = \mathbf{U} = \mathbf{U} = \mathbf{U} = \mathbf{U}$ Marathon, FL 33050 Marathon, FL 33050 2. Principal Place of Business 3. Mailing Address 2421 Grouper Drive 2421 Grouper Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Marathon, FL Marathon, FL 65-0106233 Not Applicable Country Country \$8.75 Additional 33050 USA 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Marie S. Smith Street Address (P.O. Box Number is Not Acceptable) 2421 Grouper Drive 100 Avenue I Coco Plum Drive Marathon, fL 33050 Zip Code 33050 Marathon 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 Marie S. Smith (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150,00 65.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees .. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTID : , in it. Delete TITLE Addition Marie S. Smith NAME STREET ADDRESS 2421 Grouper Drive 100 Avenue I, Coco Plum Drive STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Marathon, FL 33050 Marathon, FL 33050 TITLE Oelete TITLE Change Addition NAME NAME Sandra Chavers STREET ADDRESS 2920 Yellowtail Drive STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Marathon, FL 33050 ☐ Delete Addition NAME NAME ===== STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Marie S. Smith 4/18/02 305-289-4586