

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N27028**

1. Entity Name

**UNITED ASSOCIATION OF USED OIL SERVICES, INC.**

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90372 042 \*\*\*\*61.25

Principal Place of Business C/O FRANK BROSTEIN 318 NEWMAN RD SEBRING FL 33870 US	Mailing Address C/O FRANK BRONSTEIN 318 NEWMAN RD SEBRING FL 33870-6702 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2892548</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BRONSTEIN, FRANK S**  
**318 NEWMAN RD**  
**SEBRING FL 33870**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MORTON, ROD</b> <b>P.O. BOX 162207</b> <b>ALTAMONTE SPRINGS FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FEAGLE, JOHN</b> <input checked="" type="checkbox"/> Delete <b>1400 NW 13 AVE</b> <b>POMPANO BEACH FL 33069</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>WOLF, JOY</b> <input type="checkbox"/> Delete <b>3701 CENTRAL AVE</b> <b>ST PETERSBURG FL 33713-8338</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>THOMPSON, DAVE</b> <input type="checkbox"/> Delete <b>3701 CENTRAL AVE</b> <b>ST PETERSBURG FL 33713-8338</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>POUSA, ANGELO</b> <input type="checkbox"/> Delete <b>105 S ALEXANDER ST</b> <b>PLANT CITY FL 33566</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRONSTEIN, FRANK S</b> <input type="checkbox"/> Delete <b>318 NEWMAN ROAD</b> <b>SEBRING FL 02</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BASS, DONNA</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3355 Addison Dr Ste 37</b> <b>PENSACOLA, FL 32514-7065</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>359 Cypress Rd</b> <b>Ocala, FL 34472-3101</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: FRANK BRONSTEIN **FRANK BRONSTEIN** 4/18/00 **4/18/00** 863-655-3880 **863-655-3880**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (9/99)