

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O FRANK BROSTEIN
318 NEWMAN RD
SEBRING FL 33870
US

C/O FRANK BRONSTEIN
318 NEWMAN RD
SEBRING FL 33870-6702
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2892548

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MORTON, ROD	
STREET ADDRESS	P.O. BOX 162207	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FEAGLE, JOHN	
STREET ADDRESS	1400 NW 13 AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WOLF, JOY	
STREET ADDRESS	3701 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG FL 33713-8338	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMPSON, DAVE	
STREET ADDRESS	3701 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG FL 33713-8338	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	POUSA, ANGELO	
STREET ADDRESS	105 S ALEXANDER ST	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRONSTEIN, FRANK S	
STREET ADDRESS	318 NEWMAN ROAD	
CITY-ST-ZIP	SEBRING FL 02	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASS, DONNA	
STREET ADDRESS	3355 Addison Dr Ste 37	
CITY-ST-ZIP	PENSACOLA, FL 32514-7065	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	359 Cypress Rd	
CITY-ST-ZIP	Ocala, FL 34472-3101	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: FRANK BRONSTEIN 4/18/00 863-655-3880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E037 (9/99)