

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBB)**

DOCUMENT # P0000061235
 1. Entity Name
U.S. WASTE SYSTEMS, INC.



11038764

Principal Place of Business
 3233 OLEANDER AVE #7
 FORT PIERCE, FL 34982

Mailing Address
 1796 MORNING LINE DRIVE
 VERO BEACH, FL 32963-3047

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
1796 MORNING LINE DR.
 Suite, Apt. #, etc.
VERO BEACH
 City & State
FL
 Zip
32963-3047 Country
INDIAN RIVER



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
SMITH, R. SCOTT
3233 OLEANDER AVE #7
FORT PIERCE, FL 34982

4. FEI Number **N/A** Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature (typed or printed name of registered agent, and date if applicable) (NOTE: Registered Agent's signature required when submitting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003, Fee will be \$250.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, R. SCOTT	
STREET ADDRESS	1796 MORNING LINE DRIVE	
CITY-ST-ZIP	VERO BEACH, FL 329633047	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 607, 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: **R. SCOTT SMITH** 4-30-03 772-321-2800
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/02)