

2001 UNIFORM BUSINESS REPORT (UBR)

Ammended \$35.00

DOCUMENT # *P0000065241*

1. Entity Name
Old Scville Waste Consulting, Inc.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

01 DEC 13 PM 4:00

Principal Place of Business
*35-D Gulf Breeze Pkwy.
Gulf Breeze, FL 32561*

Mailing Address
*35-D Gulf Breeze Pkwy.
Gulf Breeze, FL 32561*

2. Principal Place of Business
35-D Gulf Breeze Pkwy.

3. Mailing Address
35-D Gulf Breeze Pkwy.

DO NOT WRITE IN THIS SPACE

City & State *Gulf Breeze, Florida* **City & State** *Gulf Breeze, Florida* **4. FEI Number** *593657623* **Applied For**
Zip *32561* **Country** *Santa Rosa* **Zip** *32561* **Country** *Santa Rosa* **5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
*Fred A. Tobergte
200 Pensacola Beach Road K4
Gulf Breeze, FL 32561*

7. Name and Address of New Registered Agent
Name *Brent L. Boyles*
Street Address (P.O. Box Number is Not Acceptable) *4152 Madura Five*
City *Gulf Breeze* **FL** **Zip Code** *32561*

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]* **DATE** *10/11/01*
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing ☐ **\$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	<i>Vice-President</i>	<input checked="" type="checkbox"/> Delete	TITLE	<i>Vice-President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Fred A. Tobergte</i>		NAME	<i>Kathleen S. Boyles</i>	
STREET ADDRESS	<i>200 Pensacola Beach Road K4</i>		STREET ADDRESS	<i>4152 Madura Five</i>	
CITY-ST-ZIP	<i>Gulf Breeze, FL 32561</i>		CITY-ST-ZIP	<i>Gulf Breeze, FL 32561</i>	
TITLE		<input type="checkbox"/> Delete	TITLE	<i>Secretary/Treasures</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<i>Leanne T. Banton</i>	
STREET ADDRESS			STREET ADDRESS	<i>6019 Somerset Drive</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>Pensacola, FL 32561</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: *[Signature]* **DATE:** *10/11/01* *(850) 916-9094*

CR2E037 (5/01)

AD