

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000069716**

1. Entity Name

ALL SOUTH SOLID WASTE, INC.**FILED****Apr 30, 2001 8:00 am**
Secretary of State

04-30-2001 90076 006 ***158.75

Principal Place of Business

**105 N OHIO AVE
LIVE OAK FL 32060**

Mailing Address

**105 N OHIO AVE
LIVE OAK FL 32060**

2. Principal Place of Business

18323 CR 250

Suite, Apt. #, etc.

3. Mailing Address

18323 CR 250

Suite, Apt. #, etc.

City & State

Live Oak, FL

City & State

Live Oak, FL

4. FEI Number

59-3659848

Applied For

Not Applicable

Zip

32060

Country

U.S.

Zip

32060

Country

U.S.5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PREVATT, JAMES W JR
105 N OHIO AVE
LIVE OAK FL 32060**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 _____

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MUSIC, DENNIS**
STREET ADDRESS **18323 C.R. 250**
CITY-ST-ZIP **LIVE OAK FL 32060**TITLE **D** ☐ Delete
NAME **PREVATT, JAMES W JR**
STREET ADDRESS **10657 83RD PLACE**
CITY-ST-ZIP **LIVE OAK FL 32060**TITLE **D** ☒ Delete
NAME **RAMSEY, JOHN**
STREET ADDRESS **PO BOX 787**
CITY-ST-ZIP **GRAND BAY AL 36541**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Dennis Music***Dennis Music****4/25/2001****386-658-1598**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)