

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90048 010 \*\*\*158.75

**DOCUMENT # P00000069716**

**1. Entity Name**  
**ALL SOUTH SOLID WASTE, INC.**

**Principal Place of Business**

**105 N. OHIO AVENUE  
LIVE OAK FL 32060**

**Mailing Address**

**105 N. OHIO AVENUE  
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**

**USA**

**Zip**

**32060**

**Country**

**USA**

**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 AVENUE  
LIVE OAK FL 32060**

**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.**

**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, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE** PD ☐ Delete  
**NAME** MUSIC, DENNIS  
**STREET ADDRESS** 18323 C.R. 250  
**CITY-ST-ZIP** LIVE OAK FL 32060

**TITLE** VTSD ☐ Delete  
**NAME** PREVATT, JAMES W JR  
**STREET ADDRESS** 105 N. OHIO AVENUE  
**CITY-ST-ZIP** LIVE OAK FL 32060

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ 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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/9/2002**

**Date**

**386-658-1598**

**Daytime Phone #**

CR2E034 (9/01)