

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90023 030 ***150.00

DOCUMENT # P00000076485

1. Entity Name

GARBAGE BUTLER, INC.

Principal Place of Business

**5340 CENTRAL AVENUE #B
ST. PETERSBURG FL 33707**

Mailing Address

**5340 CENTRAL AVENUE #B
ST. PETERSBURG FL 33707**

2. Principal Place of Business

3506 Tindle Rd

Suite, Apt. #, etc.

3. Mailing Address

3506 Tindle Rd

Suite, Apt. #, etc.

City & State

Plant City, FL

City & State

Plant City, FL

4. FEI Number

59-3653980

Applied For

Not Applicable

Zip

33565

Country

United States

Zip

33565

Country

United States

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COMPARETTO, ANTHONY J ESQ.
5340 CENTRAL AVENUE
ST. PETERSBURG FL 33707**

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, 2001 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 ☐ 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
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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 **P**
STREET ADDRESS **Domian Doandrea**
CITY-ST-ZIP **7209 Cypress Lake Dr
Odessa, FL 33556**

TITLE ☐ Change ☒ Addition
NAME **P**
STREET ADDRESS **Jeff Simeox**
CITY-ST-ZIP **3506 Tindle Rd
Plant City, FL 33565**

TITLE ☐ Change ☒ Addition
NAME **m**
STREET ADDRESS **michele Simeox**
CITY-ST-ZIP **3506 Tindle Rd
Plant City, FL 33565**

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

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

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:

Michele Simeox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)