2001	uniform	Business	troqua	(UBR)

STREET ADDRESS

SIGNATURE:

## FILED May 21, 2001 8:00 am Secretary of State DOCUMENT # P0000081669 WESLEY SANITATION INC. 05-21-2001 90370 031 \*\*\*150.00 Principal Place of Business Mailing Address 7191 SE 85TH TRAIL 7191 SE 85TH TRAIL TRENTON FL 32693 TRENTON FL 32693 2. Principal Place of Business 3. Mailing Address 6140 S.E. 71st Place 6140 S. E. 71st Place DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-3673591 Trenton. Trenton Not Applicable Country Gilchrist \$8.75 Additional 5. Certificate of Status Desired Gilehrist Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name John R. Wesley Street Address (P.O. Box Number is Not Acceptable) 6/40 S.E. 7/st Place WESLEY, VERNON D 7191 SE 85TH TRAIL TRENTON FL 32693 Zip Code 32693 Trenton, FI ubmits this statement on the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. President Change Addition CR2E034 (10/00) John R. Wesley 6140 S.E. 71st Place Delete TITLE TITLE WESLEY, VERNON D NAME NAME STREET ADDRESS 7191 SE 85TH TRAIL STREET ADDRESS CITY-ST-ZIP TRENTON FL 32693 CITY-ST-ZIP Trenton, Fl Corporate Secretary Delete TITLE Change Addition TITLE Holly W. Bussand NAME NAME 4991 N.W. 15584 St. STREET ADDRESS STREET ADDRESS Trenton, Fl. 32693 CITY-ST-ZIP CITY-ST-ZIP Treasurer John R. Wesley 6140 S.E. 71st Place ★ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS Trenton Fl. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition Delete NAME NAME

March 6, 2001

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 to stee 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.