

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90246 039 ***550.00

0119832 AT

DOCUMENT # P00000111624

1. Entity Name
SUMTER CLASS III & SOLID WASTE DISPOSAL, INC.

Principal Place of Business Mailing Address
P O BOX 949 P O BOX 949
LAKE PANASOFFKEE FL 33538 LAKE PANASOFFKEE FL 33538

2. Principal Place of Business 3. Mailing Address
375 County Rd. 489 P.O. Box 949
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Zip Country City & State Zip Country
LAKE PANASOFFKEE FL 33538 SUMTER LAKE PANASOFFKEE FL 33538 SUMTER

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
ADAMS, SCOTT RANDY Messer
1237 E NORVELL BRYANT HWY
HERNANDO FL 34442
375 CR 489
LAKE PANASOFFKEE FL 33538

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 *Randy Messer* **RANDY Messer - President** 8-31-01
 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. ☐ **FILE NOW!!! FEE IS \$550.00**
After September 12, 2001 Fee will be \$750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DIRECTOR	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, SCOTT		NAME	THEODORE J. COUCH, SR.	
STREET ADDRESS	P O BOX 949		STREET ADDRESS	TRUSTEE	
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538		CITY-ST-ZIP	1717 E. FOWLER AVE.	
				TAMPA, FL 33612	
TITLE	PRESIDENT	<input type="checkbox"/> Delete	TITLE	D-SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MESSER, RANDY		NAME	THEODORE MAININ	
STREET ADDRESS	P O BOX 949		STREET ADDRESS	360 ATLANTIC RD.	
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538		CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE		<input type="checkbox"/> Delete	TITLE	D. V.P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	CHARLES E. STRANGE, JR.	
STREET ADDRESS			STREET ADDRESS	1845 E. NORVILLE BRYANT HWY.	
CITY-ST-ZIP			CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE		<input type="checkbox"/> Delete	TITLE	D. T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	RICHARD L. HAIN	
STREET ADDRESS			STREET ADDRESS	375 CR 489	
CITY-ST-ZIP			CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538	
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		

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: *Randy Messer* **8-31-01** (352) 568-0999
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2034 (5/01)