

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
 05-06-2002 90246 022 \*\*\*150.00

**DOCUMENT #** P00000113137

**1. Entity Name**  
 COVANTA TAMPA BAY, INC.

**Principal Place of Business**      **Mailing Address**

40 LANE ROAD CN-2615      40 LANE ROAD CN-2615  
 FAIRFIELD NJ 07007-2615      FAIRFIELD NJ 07007-2615

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

**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. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	PRES. / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKIN, SCOTT G		NAME		
STREET ADDRESS	40 LANE ROAD		STREET ADDRESS		
CITY-ST-ZIP	FAIRFIELD NJ 07007-2615		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITMAN, WILLIAM E		NAME	Bruce Stone	
STREET ADDRESS	40 LANE ROAD		STREET ADDRESS	40 Lane Road	
CITY-ST-ZIP	FAIRFIELD NJ 07007-2615		CITY-ST-ZIP	FAIRFIELD NJ 07007-2615	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, LOUIS		NAME	Walters, Louis	
STREET ADDRESS	40 LANE ROAD		STREET ADDRESS		
CITY-ST-ZIP	FAIRFIELD NJ 07007-2615		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Jeffrey Horowitz	
STREET ADDRESS			STREET ADDRESS	40 Lane Road	
CITY-ST-ZIP			CITY-ST-ZIP	FAIRFIELD NJ 07007	
TITLE		<input type="checkbox"/> Delete	TITLE	EXEC. VICE PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	J. JOSEPH BURGESS	
STREET ADDRESS			STREET ADDRESS	40 LANE RD.	
CITY-ST-ZIP			CITY-ST-ZIP	FAIRFIELD, NJ 07007-2615	
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:** \_\_\_\_\_ **TREASURER 4/3/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)