2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000013089 **DOCUMENT #**

1. Entity Name

ALL COUNTY HAULING AND RECYCLING, INC.



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90176 046 ***158.75

TITLE NAME STREET ADDRESS CITY-ST-ZIP THONOTOSASSA FL 33592 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THONOTOSASSA FL 33592 THONOTOSASSA FL 33592 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITL					9
SURIO, Apt. 8, etc. Suite, Apt. 8, etc. CHy & State 4. FEI Number 59-3696666 Applied For Type Country Zip Country S. Certificate of Status Dos red \$8.75 Apditional For Replicative Agency S. Certificate of Status Dos red \$8.75 Apditional For Replicative Agency S. Certificate of Status Dos red \$8.75 Apditional For Replicative Agency S. Certificate of Status Dos red \$8.75 Apditional For Replicative Agency S. Certificate of Status Dos red \$8.75 Apditional For Replicative Agency S. Certificate of Status Dos rod \$8.75 Apditional For Replicative Agency S. Certificate of Status Dos rod \$8.75 Apditional For Replicative Agency S. Certificate of Status Dos rod \$8.75 Apditional For Replicative Agency S. Certificate of Status Dos rod S. Certificate of Address (P.O. Box Number is Not Acceptable) S. Certificate of Red Provide Address (P.O. Box Number is Not Acceptable) S. Certificate of Red Provide Address (P.O. Box Number is Not Acceptable) S. Certificate of Red Provide Address (P.O. Box Number is Not Acceptable) S. Certificate of Red Provide Address (P.O. Box Number is Not Acceptable) S. Certificate of Red Provide Address (P.O. Box Number is Not Acceptable) S. Certificate of Red Provide Address (P.O. Box Number is Not Acceptable) S. Certificate of Red Provide Address (P.O. Box Number is Not Acceptable) S. Certificate of Red Provide Address (P.O. Box Number is Not Acceptable) S. Certificate of Red Provide Address (P.O. Box Number is Not Acceptable) S. Certificate of Red Provide Address (P.O. Box Number is Not Acceptable) S. Certificate of Red Provide Address (P.O. Box Number is Not Acceptable) S. Certificate	605 OVERHILL DRIVE		605 OVERHILL DRIVE		
Cey & State City & State Country Succertificate of Status Desired Succertifica	2. Principal Place of Business		3. Mailing Address		
Zip Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.		— ☐ CHECK HERE IF MAKING CHANGES
A. Hame and Address of Current. Registered Agent	City & State		City & State		29/3090000
KWITKOWSKI, JOHN 605 OVERHILL DR. BRANDON FL 33511 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. I am familiar with, and accept the obligations of registered agent and provide the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and provide the purpose to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent	Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
KWTTKOWSKI, JOHN 605 OVERHILL DR. BRANDON FL 33511 City FL Zip Code City City FL Zip Code City City City City City City City City		6 - Name and Address of Curre	nt Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City City FL Zip Code Code Florida. I am familiar with, and acceptable Added to Fisse Added to Fiss	· · · · · · · · · · · · · · · · · · ·		<u> </u>	Name	7. Hame and Address of New Registered Agent
BRANDON FL 33511 City FL Zid Code City Fl Zid	KWITKOV	vski, john			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature			·	Street Addres	ss (P.O. Box Number is Not Acceptable)
8. The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of negistered agent. Signature Signat	RKANDO	N FL 33511			
SIGNATURE Signature International Content Inter	;			City	FL Zip Code
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME STREET ADDRESS OCTY-ST-2P MCNAR, F. JOHN 1995 E. WABBASH ST GOT-ST-2P TILE 1981 N. WILLIAMS RD THE MANE STREET ADDRESS CITY-ST-2P THUE NAME STREET A	8. The above the obligation	named entity submits this statement tions of registered agent.	for the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
FILE NOW!! FEE IS \$150:00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE				
After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS		Signature, typed or printed name or registered age	ant and little if applicable. (NO	TE: Registered Agent signature requi	uired when reinstating) DATE
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III.E NAME STREET ADDRESS CITY-ST-ZIP DIRECTORSS CITY-ST-ZIP CITY-ST	Afte	May 1, 2003 Fee will be \$550.0	0		_ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
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VIII-31-211					
		ertify that the information supplied with	h this filing does not qualify for		Section 440 07(0)(1) 51 11 6

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: