7/19/02 813-621-464/ Date Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P01000021349 1. Entity Name EARTHFIRST WASTE TO ENERGY, INCORPORATED					Secretary of State 05-05-2002 90306 004 ***150.00			
Principal Place of Business Mailing Address 13100 BELCHER ROAD SOUTH LARGO FL 33773 LARGO FL 33773			гн					
						ea na ki er e ir are uikir	##### ################################	
	Place of Business OUTH FREMONT AUCOUF . #, etc.	3. Mailing Address 601 SOUTH FREMONT AVENUE Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State TAMPA FL		City & State TAMPA, FLONIDA					applied For lot Applicable	
Zip - 336 ⊘	6- Country	Zip 3.3606	Country	~ - 5. C	ertificate of Status Desired > _	~ - \$8.75 Ac Fee Requir	iditional	
	6. Name and Address of Current R			7. Na	ame and Address of New Registe			
RIVELLINI, PETER ESQ. JOHNSON, BLAKELY, POPE 911 CHESTNUT STREET CLEARWATER FL 33756			Street Address	PAREY, MICHAEL R. eet Address (P.O. Box Number is Not Acceptable) AREY, O'MALLEY, WHITAKER & MANSON, P.A. IZ SOUTH OREGON AVENUE Zip Code				
Tax filing	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!!	gistered Agent signature require FEE IS \$150.00 Fee will be \$550.00 to Department of St			· _ Ψυ	00 May Be	
11.	OFFICERS AND D		12.		DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOUPS, LEON H 13100 BELCHER ROAD SOUTH LARGO FL 33773	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		***	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY_ST_ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>.</u>		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Change	Addition	
TITLE Name Street adoress City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	t .		Change	☐ Addition	
of the cor	ertify that the information supplied with th on this report or supplemental report is tr poration or the receiver or trustee empow or on an attachment with an address, will	ue and accurate and that my si ered to execute this report as r	ionatura chall have the	cama lar	aal affact ac if mada undar aath, th	at Lamian afficar	ar divastas	