

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90118 001 \*\*\*500.00  
 07-17-2002 90118 002 \*\*\*\*50.00

**DOCUMENT # P01000046457**

1. Entity Name

COUNTY WASTE, INC.

Principal Place of Business

17971 N.W. 13TH STREET  
 PEMBROKE PINES FL 33029  
 US

Mailing Address

17971 N.W. 13TH STREET  
 PEMBROKE PINES FL 33029  
 US

2. Principal Place of Business

8185 Mainline Pkwy

3. Mailing Address

PO Box 308

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Esteros, FL

4. FEI Number

65-1112664

Applied For

Not Applicable

Zip

33912

Country

USA

Zip

33928-0308

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

GERJEL, GREGORY P ESQ.

540 DOUGLAS AVENUE

ALTAMONTE SPRINGS FL 32714

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.  
 (See criteria on back) ☒

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President William B Johnson 17971 NW 13th St Pembroke Pines, FL 33029	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Audra R. Gierden* Audra R Gierden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239 481-3400

CR2E034 (9/01)