

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90215 011 ***150.00

DOCUMENT # P01000046457

1. Entity Name
COUNTY WASTE, INC.



Principal Place of Business
**8185 MAINLINE PKWY
FORT MYERS FL 33912
US**

Mailing Address
**P.O. BOX 308
ESTERO FL 33928
US**

2. Principal Place of Business

8060 Mainline Pkwy

3. Mailing Address

Suite, Apt. #, etc.

City & State
Fort Myers FL

City & State

Zip
33912

Country
USA

Zip

Country

4. FEI Number **65-1112664**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

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 **William B. Johnson**

Street Address (P.O. Box Number is Not Acceptable)

17971 NW 13 St

City **Pembroke Pines**

FL

Zip Code **33029**

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.

SIGNATURE **William B. Johnson** **William B. Johnson, President 01/14/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **JOHNSON, WILLIAM B**
STREET ADDRESS **17971 NW 13TH ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like reported.

SIGNATURE: **William B. Johnson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/2003 **239 481-3400**
Date Daytime Phone #

CR2E034 (10/02)