

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90035 002 ***150.00

DOCUMENT # P01000061085

1. Entity Name

SETTLED SOLIDS MANAGEMENT, INC.

Principal Place of Business

**755 S OREGON STREET
 SANFORD FL 32771**

Mailing Address

**PO BOX 470363
 LAKE MONROE FL 32747**

2. Principal Place of Business

500 W. First St.

3. Mailing Address

500 W. First St.

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

Suite C

City & State

Sanford, FL

City & State

Sanford, FL

4. FEI Number

59-3733603

Applied For

Not Applicable

Zip

32771

Country

Seminole

Zip

32771

Country

Seminole

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

WILLIS, DAVID C

**225 E ROBINSON STREET STE 600
 ORLANDO FL 32802**

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 **D** ☐ Delete
 NAME **MIMS, N. KENNETH**
 STREET ADDRESS **PO BOX 470363**
 CITY-ST-ZIP **LAKE MONROE FL 32747**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **Ken Mims**
 STREET ADDRESS **PO Box 470363**
 CITY-ST-ZIP **Lake Monroe, FL 32747**

TITLE **V** ☐ Change ☒ Addition
 NAME **Ronald H. Wilson**
 STREET ADDRESS **215 Royal Oaks Circle**
 CITY-ST-ZIP **Longwood, FL 32779**

TITLE **V** ☐ Change ☒ Addition
 NAME **Jerry K. Mims**
 STREET ADDRESS **PO Box 470463**
 CITY-ST-ZIP **Lake Monroe, FL 32747**

TITLE **S/T** ☐ Change ☒ Addition
 NAME **Connie Roberts**
 STREET ADDRESS **273 Silver Branch Trail**
 CITY-ST-ZIP **DeLand, FL 32724**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

Date

(407) 416-0969

Daytime Phone #

CR2E034 (9/01)