## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 15, 2002 8:00 am Secretary of State DOCUMENT # P01000075909 1. Entity Name 05-15-2002 90017 050 \*\*\*150.00 WASTE ONE. INC. Principal Place of Business Mailing Address 1307 N. 18TH STREET 1307 N. 18TH STREET TAMPA FL 33605 TAMPA FL 33605 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State 4. FEI Number Not Applicable Sountry \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **HULL. CARMEN** Street Address (P.O. Box Number is Not Acceptable) 22432 SHORESIDE DRIVE LAND O' LAKES FL 34639 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Addition TITLE Change TITLE \$D ☐ Detete NAME NAME HULL, CARMEN STREET ADDRESS STREET ADDRESS 22432 SHORESIDE DRIVE CITY-ST-ZIP AND O' LAKES FL 34639 CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME MAGRISSO, DAVID STREET ADDRESS STREET ADDRESS 920 W. CORAL STREET CITY-ST-ZIP CITY-ST-ZIP 'AMPA FL 33602 [ Change ─☐ Addition TITLE TITLE-·Delete\* NAME NAME rumore, Jeffrey STREET ADDRESS STREET ADDRESS \$942 REDHAWK DRIVE CITY-ST-ZIP CITY-ST-7IP NEW PORT RICHEY FL ☐ Change ☐ Addition Delete TITLE TITLE er PD NAME NAME MITH, BRENT \$225 BASEBALL POND ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Brooksville FL 34602 Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**