

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

5/1

05-01-2003 90378 034 \*\*\*150.00

**DOCUMENT # P01000075909**

1. Entity Name  
**WASTE ONE, INC.**



Principal Place of Business  
**1306 4TH AVE  
TAMPA FL 33605**

Mailing Address  
**P.O. BOX 5508  
TAMPA FL 33675**

**55048280**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HULL, CARMEN  
22432 SHORESIDE DRIVE  
LAND O' LAKES FL 34639**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
HULL, CARMEN  
22432 SHORESIDE DRIVE  
LAND O' LAKES FL 34639**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
MAGRISSE, DAVID  
920 W. CORAL STREET  
TAMPA FL 33602**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SMITH, BRENT  
3225 BASEBALL POND ROAD  
BROOKSVILLE FL 34602**  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 ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

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 empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**CARMEN HULL**

DATE

DAYTIME PHONE #

**4-26-03 (813) 248-3500**

CR2E034 (10/02)

Attachment

55048280  
#P01000075909

Dear Sirs,

The report is now  
corrected &  
includes our  
F&I #.

Thank you

Carmen Hull  
Secretary