

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04/7/155 AV

DOCUMENT # P01000085863
 1. Entity Name
WASTE-NOT, INC.

04-03-2002 90029 037 ***150.00

Principal Place of Business Mailing Address
320 LAKE DAISEY LOOP **320 LAKE DAISEY LOOP**
WINTER HAVEN FL 33884 **WINTER HAVEN FL 33884**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
472 Bayou Court **472 Bayou Court**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Winter Haven, FL **Winter Haven, FL**

4. FEI Number Applied For
03-0379327 Not Applicable

Zip Country Zip Country
33884 **USA** **33884** **USA**

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

6. Name and Address of Current Registered Agent
GERJEL, GREGORY P ESQ.
1837 COTSWOLD DRIVE
ORLANDO FL 32825

7. Name and Address of New Registered Agent
 Name **address change**
 Street Address (P.O. Box Number is Not Acceptable)
540 Douglas Avenue
 City **Altamonte Springs** **FL** Zip Code
32714

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 _____ (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	P CHIARI, EDUARDO A 320 LAKE DAISEY LOOP WINTER HAVEN FL 33884	<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
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	P Chiari, Eduardo A 472 Bayou Court, Winter Haven, FL 33884	<input checked="" 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
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: *Eduardo Chiari* **Eduardo A. Chiari, Pres. 3/6/2002 407 788-1111**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E084 (9/01)