FILED Apr 11, 2003 8:00 am Secretary of State

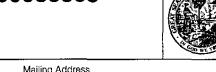
04-11-2003 90200 014 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P01000085863 1. Entity Name WASTE-NOT, INC.

Make Check Payable to Florida Department of State



Principal Place of Business Mailing Address 472 BAYOU COURT 472 BAYOU COURT 12 20 4 WINTER HAVEN FL 33884 WINTER HAVEN FL 33884 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 03-0379327 Zip Country Zip Country Certificate of Status Desired 6. Name and Address of Current Registered Agent Name GERJEL, GREGORY P. ESQ. Street A 540 DOUGLAS AVE. ALTAMONTE SPRINGS FL 32714 City 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Applied For

Not Applicable \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

ddress (P.O. Box Nur	nber is Not Accept	able)		
				
******			Zin 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

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition CHIARI, EDUARDO A NAME NAME **472 BAYOU COURT** STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33884 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete [7] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE . _ Change ☐ Addition ☐.Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

QEduardo A. Chiari, President March 3, 2003 863-324-3430