

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90830 012 ***150.00

DOCUMENT # P01000097390

1. Entity Name

GLOBAL WASTE SOLUTIONS, INC.

Principal Place of Business

**4421 NW 39TH AVE., STE. 1-2
 GAINESVILLE FL 32606**

Mailing Address

**4421 NW 39TH AVE., STE. 1-2
 GAINESVILLE FL 32606**

2. Principal Place of Business

304 SWEETBRIER BRANCH LN.

3. Mailing Address

P.O. Box 836

Suite, Apt. #, etc.

Suite, Apt. #, etc.

JACKSONVILLE FL

WALDO, FL

4. FEI Number

03-0405323

Applied For

Not Applicable

Zip

32259

Country

USA

Zip

32694

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, CARL L
 4421 NW 39TH AVE., STE. 1-2
 GAINESVILLE FL 32606**

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 **JOHNSON, CARL L**
 STREET ADDRESS **4421 NW 39TH AVE., STE. 1-2**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR / PRESIDENT** ☒ Change ☐ Addition
 NAME **HOWARD FLEMING**
 STREET ADDRESS **304 SWEETBRIER BRANCH LANE**
 CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **LARRY R. WATSON**
 STREET ADDRESS **6322 NW 18TH DR**
 CITY-ST-ZIP **Gainesville FL 32635**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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 reports 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

21202 9042346410

CR2E034 (9/01)