

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0114822 AV

DOCUMENT # P01000112467

1. Entity Name
DMI WASTE, INC.



FILED
04 FEB -3 AM 11:33

Principal Place of Business
11320 MONTE VISTA
CLERMONT FL 34711

Mailing Address
11320 MONTE VISTA
CLERMONT FL 34711

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-3757812
☐ Applied For
☐ Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITAKER, RICHARD E
3191 MAGUIRE BOULEVARD
SUITE 160
ORLANDO FL 32803

Name DARLA KING
Street Address (P.O. Box Number is Not Acceptable) 11320 MONTE VISTA
CLERMONT FL 34711
City CLERMONT **FL** **Zip Code** 34711
FEI Number 700024179327
Effective Date 11/10/03 **Expiration Date** 01/08--018 **Fee** \$150.00

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] 11/10/04 **DATE** 12/30/04

Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KING, JACK	
STREET ADDRESS	11320 MONTE VISTA	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, DARLA	
STREET ADDRESS	11320 MONTE VISTA	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 10/3/03 **Daytime Phone #** 352 429 5088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)