

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**  
 05-19-2002 90261 021 \*\*\*150.00

**DOCUMENT # P01000113477**

1. Entity Name  
**GEORGE CONIGLIO LANDFILL, INC.**

Principal Place of Business  
**11981 N. WILLIAMS ROAD**  
**THONOTOSASSA FL 33592**

Mailing Address  
**11981 N. WILLIAMS ROAD**  
**THONOTOSASSA FL 33592**

**361548**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3759060**

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

**ADLER, ANDREW L**  
**C/O WETHERINGTON, HAMILTON & HARRISON, PA**  
**400 NORTH TAMPA STREET, SUITE 2625**  
**TAMPA FL 33602**

Name: **ANDREW L. ADLER, ESQUIRE**  
 Street Address (P.O. Box Number is Not Acceptable): **40 ANDREW L. ADLER, P.A.**  
**501 S. Dakota Ave. Suite 7**  
 City: **TAMPA** FL Zip Code: **33606**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	CONIGLIO, GEORGE	11981 N. WILLIAMS ROAD	THONOTOSASSA FL 33592	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P/T/S/D	Coniglio, George	11981 N. Williams Road	Thonotosassa, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 empowerments.

SIGNATURE:

*George Coniglio*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 8139862097  
 Date Daytime Phone #

CR2E034 (9/01)