


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 05, 2003 8:00 am
Secretary of State

05-08-2003 90176 019 ***150.00

DOCUMENT # P02000100539

1. Entity Name
ALLSTAR DISPOSAL & HAULING, INC.



55046666

Principal Place of Business
**18290 Pawlson DR. Unit A-3
Port Charlotte, FL 33954**

Mailing Address
**P.O. Box 49423
Port Charlotte, FL 33949**



2. Principal Place of Business
**18290-A Pawlson DR.
Unit A-3
Port Charlotte, FL 33954**

3. Mailing Address
**P.O. Box 494233
Port Charlotte, FL 33949**

CHECK HERE IF MAKING CHANGES

City & State
Port Charlotte, FL

City & State
Port Charlotte, FL

Zip
33954

Country
Charlotte

Zip
33949

Country
Charlotte

4. FEI Number
14-1845677

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**SMITH, JULIE M
2142 BROADPOINT DR
PUNTA GORDA FL 33983**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Julie M. Smith* **President**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE President	<input type="checkbox"/> Delete
NAME Julie M. Smith	
STREET ADDRESS 2142 Broadpoint DR.	
CITY-ST-ZIP Punta Gorda, FL 33983	
TITLE Vice President	<input type="checkbox"/> Delete
NAME Dennis D. Roughton	
STREET ADDRESS 2142 Broadpoint DR.	
CITY-ST-ZIP Port Charlotte, FL 33983	
TITLE Treasurer	<input type="checkbox"/> Delete
NAME Julie M. Smith	
STREET ADDRESS 2142 Broadpoint DR.	
CITY-ST-ZIP Punta Gorda, FL 33983	
TITLE Secretary	<input type="checkbox"/> Delete
NAME Dennis D. Roughton	
STREET ADDRESS 2142 Broadpoint DR.	
CITY-ST-ZIP Punta Gorda, FL 33983	
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 empowerments.

SIGNATURE: *Julie M. Smith* **President 4/25/03** **941-626-4351**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)