

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000126455

FILED
Apr 14, 2003
Secretary of State

Entity Name: ANYTIME WASTE SYSTEMS, INC.

Current Principal Place of Business:

2513 SOUTHWEST MONTERREY LANE
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

2513 SOUTHWEST MONTERREY LANE
PORT ST. LUCIE, FL 34953

New Mailing Address:

PO BOX 7670
PORT ST. LUCIE, FL 34985

FEI Number: 06-1663560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOODS, RUTH A
Address: 2513 SOUTHWEST MONTERREY LANE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VD (X) Delete
Name: MANGUAL, CARLOS
Address: 2513 SOUTHWEST MONTERREY LANE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: SD () Delete
Name: PAGE, LOUIS A
Address: 2513 SOUTHWEST MONTERREY LANE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: TD () Delete
Name: MCLENDON, THOMAS A
Address: 2513 SOUTHWEST MONTERREY LANE
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WOODS, RUTH A
Address: 1685 SW NEPTUNE AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS A. PAGE

SD

04/14/2003

Electronic Signature of Signing Officer or Director

_____ Date