

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90469 047 ***150.00

DOCUMENT # P02000128633

1. Entity Name

A & F WASTE SERVICES INC.



Principal Place of Business

5700 PIERCE STREET
HOLLYWOOD FL 33021

Mailing Address

5700 PIERCE STREET
HOLLYWOOD FL 33021

2. Principal Place of Business

560 S. TRIPLET LAKE DR.

3. Mailing Address

560 S. TRIPLET LAKE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CASSELBERRY FL

City & State

CASSELBERRY FL

4. FEI Number

16-1645331

Applied For

Not Applicable

Zip

32707

Country

USA

Zip

32707

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FELLOWS, MARK

5700 PIERCE STREET
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

PETER J. ARCULEO

Street Address (P.O. Box Number is Not Acceptable)

560 S. TRIPLET LAKE DRIVE

City

CASSELBERRY

FL

Zip Code

32707

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

Mark R. Fellows

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/03

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	<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	
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 checked="" type="checkbox"/> Addition
NAME	PRESIDENT
STREET ADDRESS	PETER J. ARCULEO
CITY-ST-ZIP	560 S. TRIPLET LAKE DR. CASSELBERRY FL 32707
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE PRESIDENT
STREET ADDRESS	MARK FELLOWS
CITY-ST-ZIP	5700 PIERCE ST HOLLYWOOD FL 33021
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

Peter J. Arculeo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/25/03

Daytime Phone #

407-851-0100

CR2E034 (10/02)