

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90014 026 \*\*\*155.00

**DOCUMENT # P03000019195**

1. Entity Name

UNITED WASTE SERVICES INC.



Principal Place of Business

5321 BUCKHEAD CIRCLE  
BOCA RATON FL 33486

Mailing Address

5321 BUCKHEAD CIRCLE  
BOCA RATON FL 33486

54069390



MOORE

CR2E034 (4/04)

2. Principal Place of Business

1307 BRIDGEWOOD DR.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

56-2339077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KUSHNER, JERRY  
5321 BUCKHEAD CIRCLE  
BOCA RATON FL 33486

ABOVE  
ADDRESS IS  
CORRECT -

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

Jerry Kushner - JERRY KUSHNER

8-18-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☒

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JERRY KUSHNER - PRES. ☐ Delete  
1307 BRIDGEWOOD DR.  
BOCA RATON, FL 33434

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CRAIG STEVENS V.P. ☐ Delete  
616 N.E. ST.  
LAKE WORTH, FL 33460

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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:

Jerry Kushner JERRY KUSHNER

8-18-04

561-482-5204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #