

DOCUMENT # **PD4600057229**
1. Entity Name
ELITE DISPOSAL SERVICES, INC

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2. Principal Place of Business 6345 PONCE DE LEON Suite, Apt. #, etc		3. Mailing Address P.O. Box 7070 Suite, Apt. #, etc	
City & State NORTH PORT, FL Zip 34284 Country US	City & State NORTH PORT, FL Zip 34287 Country US	4. FEI Number 51-0503802	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable	

40014000

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7. Name and Address of Current Registered Agent

Name Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way, 4th Floor
City Miami
State FL
Zip Code 33145

8. This above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

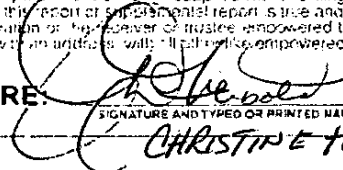
SIGNATURE _____ (Type or print name of registered agent and title of corporation) (NOTE: Registered Agent signature required when certifying) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE PRESIDENT, TREASURER	NAME SCOTT L. HERBOLD	TITLE VICE PRESIDENT, SECRETARY	NAME CHRISTINE M. HERBOLD
STREET ADDRESS 6345 PONCE DE LEON	STREET ADDRESS 6345 PONCE DE LEON	STREET ADDRESS 6345 PONCE DE LEON	STREET ADDRESS 6345 PONCE DE LEON
CITY-STATE-ZIP NORTH PORT FL 34284	CITY-STATE-ZIP NORTH PORT FL 34284	CITY-STATE-ZIP NORTH PORT FL 34284	CITY-STATE-ZIP NORTH PORT FL 34284
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(a), 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 holder of justice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment to this affidavit with full authority empowered.

SIGNATURE:  **SCOTT L. HERBOLD** 3/30/05 941-423-5483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #