

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P39912**

1. Entity Name **CITY MANAGEMENT CORPORATION d/b/a**  
**UNIVERSAL WASTE & TRANSIT, INC.**

APPROVED  
AND  
FILED

02 NOV 12 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1001 FANNIN SUITE 4000  
HOUSTON TX 77002  
US

Mailing Address

1001 FANNIN SUITE 4000  
HOUSTON TX 77002  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

4. FEI Number **38-2056600**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

**Jennifer J. McBurnett**  
**Assistant Secretary**

DATE

**11-11-02**

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | <b>P</b>                      | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>WILCOX, CHARLES A</b>      |  |
| STREET ADDRESS | <b>1001 FANNIN SUITE 4000</b> |  |
| CITY-ST-ZIP    | <b>HOUSTON TX 77002</b>       |  |
| TITLE          | <b>VAS</b>                    | <input type="checkbox"/> Delete            |
| NAME           | <b>SMITH, LINDA J</b>         |  |
| STREET ADDRESS | <b>1001 FANNIN SUITE 4000</b> |  |
| CITY-ST-ZIP    | <b>HOUSTON TX 77002</b>       |  |
| TITLE          | <b>T</b>                      | <input type="checkbox"/> Delete            |
| NAME           | <b>JONES, RONALD</b>          |  |
| STREET ADDRESS | <b>1001 FANNIN SUITE 4000</b> |  |
| CITY-ST-ZIP    | <b>HOUSTON TX 77002</b>       |  |
| TITLE          | <b>V</b>                      | <input type="checkbox"/> Delete            |
| NAME           | <b>SIMPSON, ROBERT</b>        |  |
| STREET ADDRESS | <b>1001 FANNIN SUITE 4000</b> |  |
| CITY-ST-ZIP    | <b>HOUSTON TX 77002</b>       |  |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete            |
| NAME           | <b>STEINER, DAVID P</b>       |  |
| STREET ADDRESS | <b>1001 FANNIN STE 4000</b>   |  |
| CITY-ST-ZIP    | <b>HOUSTON TX 77002</b>       |  |
| TITLE          |                               | <input type="checkbox"/> Delete            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          | <b>P</b>                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Robert P. Damico</b>        |  |
| STREET ADDRESS | <b>1001 FANNIN Suite 4000</b>  |  |
| CITY-ST-ZIP    | <b>Houston TX 77002</b>        |  |
| TITLE          | <b>ASST TREASURER</b>          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>FRANCES B. SEWELL</b>       |  |
| STREET ADDRESS | <b>1001 FANNIN, SUITE 4000</b> |  |
| CITY-ST-ZIP    | <b>HOUSTON, TX 77002</b>       |  |
| 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    |                                |  |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **FRANCES B SEWELL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**713-394-2327**

0135887  
AT

CR2E034 (4/02)

CT CORPORATION

November 12, 2002

Secretary of State, Florida  
409 East Gaines Street  
N/A  
Tallahassee FL 32399

Re: Order #: 5720437 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

City Management Corporation d/b/a Universal Waste & Transit, Inc. (MI)  
Reinstatement  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Melanie S Strickland  
Fulfillment Specialist  
Melanie\_Strickland@cch-lis.com

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

RECEIVED  
02 NOV 12 PM 12:32  
DIVISION OF CORPORATION