

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90148 015 \*\*\*150.00

DOCUMENT # P94000059737

1. Entity Name

MID KEYS WASTE INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8085 OVERSEAS

Suite, Apt. #, etc.

3. Mailing Address

8085 OVERSEAS HWY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MARATHON

City & State  
MARATHON

4. FEI Number

65-0516541

Applied For

Not Applicable

Zip

FL

Country

USA

Zip

FL

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

DENNIS M BISHOP CPA PA

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

8085 OVERSEAS HWY

City

MARATHON

FL

Zip Code

33050

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00

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

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT  
KONRATH, WILLIAM D  
8085 OVERSEAS HWY  
MARATHON, FL 33050

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VICE PRES  
PARKER, NORMAN F  
8085 OVERSEAS HWY  
MARATHON, FL 33050

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *NORMAN F. PARKER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02 805-743-6586

Date

Daytime Phone #