

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90193 039 \*\*\*150.00

**DOCUMENT # P94000059737**

1. Entity Name

MID KEYS WASTE, INC.

**DO NOT WRITE IN THIS SPACE**

**90028962**

2. Principal Place of Business

8085 OVERSEAS HWY

Suite, Apt. #, etc.

3. Mailing Address

8035 OVERSEAS HWY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MARATHON FL

Zip

33050

Country

MONROE

City & State  
MARATHON FL

Zip

33050

Country

4. FEI Number

65-0516541

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75**

Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DENNIS M BISHOP CPA

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. 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)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM D KONRATH

Date

Daytime Phone #

2/10/03 305-743-5165