

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000066180

1. Entity Name

SOUTHEAST WASTE SYSTEMS, INC.

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90003 029 ***150.00

Principal Place of Business

10641 CORDOVA ROAD
EASTON MD 21601
US

Mailing Address

10641 CORDOVA ROAD
EASTON MD 21601
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0518441

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, CARLA L
301 CLEMATIS STREET, STE. 200
WEST PALM BEACH FL 33401

Name **CARLA L BROWN HARWARD, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
330 CLEMATIS ST., STE. 211
City **WEST PALM BEACH** **FL** Zip **33401**

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

SIGNATURE *Carla L Brown Harward, President*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

8-24-00
DATE

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, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PTD**
STREET ADDRESS **HOOD, RICHARD L**
CITY-ST-ZIP **30241 MATTHEWSTOWN ROAD**
EASTON MD 21601

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

TITLE ☐ Delete
NAME **VPSD**
STREET ADDRESS **HOOD, SUZANNE L**
CITY-ST-ZIP **30241 MATTHEWSTOWN ROAD**
EASTON MD

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: *SIGNATURE REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-00 410-822-0978
Date Daytime Phone #

CR2E034 (5/00)

Southeast Waste Systems, Inc.
10641 Cordova Road
Easton, MD 21601

Attachment
p 9 4000066180
00682056

August 10, 2000

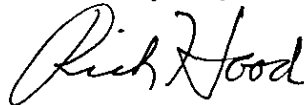
Secretary of State
State of Florida

Re: Annual Florida Tax Return for Southeast Waste Systems, Inc.

To Whom It May Concern:

We did not receive the FIRST notice that our annual return was due. Had we received that notice we certainly would have made timely payment. With that said, please accept this check for the original amount of \$150.00 for *Southeast Waste Systems, Inc. annual tax return for 2000*. Thank you for your prompt attention to this matter.

Yours very truly,



Richard L. Hood