## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000021726

1. Entity Name

## GARBAG, CORPORATION

Principal Place of Business 2270 HARBOR RD

Mailing Address

NAPLES FL 34104 US

2270 HARBOR RD NAPLES FL 34104-4220

19	03	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	-

Apr 25, 2000 8:00 am Secretary of State

04-25-2000 90080 004 \*\*\*150.00



Suite Ant # etc				<u></u> '	DO NOT WRITE IN THIS SPACE				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1	DO NOT WRITE IN THIS SPACE				
City & State		City & State		<b>4.</b> FEI	Number <b>65-0651285</b>	Applied For Not Applicable			
Zip	Country	Zip	Countr	<b>5.</b> Cer	5. Certificate of Status Desired See Required Fee Required				
6. Name and Address of Current Registered Agent  ALLEGRO, JAMES JR. 418 VALENCIA AVENUE, #3  CORAL GABLES FL 33134			7. Name and Address of New Registered Agent						
			  -  -  -  -	Street Address (P.O. Box Number is Not Acceptable)  2270 HARBR RD					

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.

9. This corporation is eligible to satisfy its Intangible

nature required when reinstating)

Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criter	ria on back)	Make Check Payable	to Department	of State				
11.	OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEGRO, JAMES JR <del>-418 VALENCIA AVENUE, #3-</del> 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2270 NAPL	HARBOR ES, FC	, ROAS 34104	<b>∫</b> Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLEGRO, FRANK N <del>-418 VALENCIA AVENUE, #3</del> CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-2270- NAPLE	HARBOR.	RoAD 34104	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LILLY, KEVIN J 2270 HARBOR RD NAPLES FL	☐ Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition

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: