

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90127 033 \*\*\*150.00

**DOCUMENT #** P96000025614  
**1. Entity Name**  
 PRO DISPOSAL, INC. ✓

**Principal Place of Business**                      **Mailing Address**  
 950 N COLLIER BLVD                      950 N COLLIER BLVD  
 SUITE 201                                      SUITE 201  
 MARCO ISLAND, FL 33937                      MARCO ISLAND, FL 33937

**2. Principal Place of Business**                      **3. Mailing Address**  
 2289 BRUNER LANE                      2289 BRUNER LANE  
 Suite, Apt. #, etc.                              Suite, Apt. #, etc.

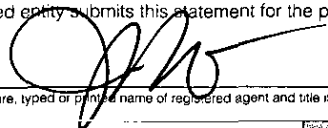
**City & State**                                      **City & State**  
 FORT MYERS, FL                              FORT MYERS, FL  
 33912    33912    Country

**4. FEI Number**                                      **Applied For**  
 65-0654724                                      Not Applicable  
**5. Certificate of Status Desired**                       **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 KRAMER, FREDERICK C  
 950 N COLLIER BLVD  
 SUITE 201  
 MARCO ISLAND, FL 33937

**7. Name and Address of New Registered Agent**  
 Name **LAMB, JEFFREY R**  
 Street Address (P.O. Box Number is Not Acceptable)  
 9915 TAMiami TRAIL NORTH, SUITE 2  
 City **NAPLES, FL**                      **FL**                      Zip Code **34108**

**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  **JEFFREY R. LAMB**                      **2-18-00**  
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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	P	<input type="checkbox"/> Delete
NAME	LISA REDDISH	
STREET ADDRESS	634 BIMINI AVENUE	
CITY-ST-ZIP	MARCO ISLAND, FL	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	LISA REDDISH	
STREET ADDRESS	634 BIMINI AVENUE	
CITY-ST-ZIP	MARCO ISLAND, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISA REDDISH	
STREET ADDRESS	7156 FALCONS GLEN BLVD	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	VP/T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN POCZATEK	
STREET ADDRESS	2660 70th STREET SW	
CITY-ST-ZIP	NAPLES, FL 34105	
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		
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:**  **2-25-00**                      941-643-6602  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #

CR2E034 (9/99)