

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90099 027 \*\*\*150.00

**DOCUMENT # P96000025614**

1. Entity Name  
**PRO DISPOSAL, INC.**

Principal Place of Business  
**2289 BRUNER LANE**  
**FORT MYERS FL 33912**

Mailing Address  
**2289 BRUNER LANE**  
**FORT MYERS FL 33912**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0654724**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LAMB, JEFFREY R**  
**9915 TAMiami TRAIL**  
**STE 2**  
**NAPLES FL 34108**

Name

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

**868 106th AVE. N.**

**NAPLES**

City

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
 NAME **LISA REDDISH**  
 STREET ADDRESS **5872 MARBLE COURT**  
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE **P** ☒ Change ☒ Addition  
 NAME **PAUL REDDISH**  
 STREET ADDRESS **5872 MARBLE COURT**  
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE **VTS** ☐ Delete  
 NAME **POCZATEK, JOHN**  
 STREET ADDRESS **26660 -70TH ST SW**  
 CITY-ST-ZIP **NAPLES FL 34105**

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  
 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:

**Paul Reddish**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/02**  
 DATE

Daytime Phone #

CR2E034 (9/01)