

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000003275

1. Entity Name

A-1 MEDICAL WASTE, INC.

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90102 011 ***150.00

A0027990



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

8246 30TH AVE N
ST PETERSBURG FL 33710
US

8246 30TH AVE N
ST PETERSBURG FL 33710-2238
US

2. Principal Place of Business

3. Mailing Address

827 14 Ave N.

Box 22191 St Pete. FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Downstair

City & State
St. Pete. FL.

City & State
St. Pete. FL.

4. FEI Number 59-3418947

Applied For
Not Applicable

Zip
33701

Country
Penn

Zip
33742

Country
Penn

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

STEIN, SHIRLEY
8246 30TH AVE N
ST PETERSBURG FL 33710

Name

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

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STEIN, SHIRLEY
8246 30TH AVE N
ST PETERSBURG FL 33710

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
DELL, JAMES A
827-14TH AVE N
ST PETERSBURG FL 33701

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

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES A DELL Pres 3-2-00 727-898 8222

CR2E034 (9/99)