

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020903

1. Entity Name

COLLIER'S WASTE CONTAINERS INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90066 010 ***150.00

Principal Place of Business

Mailing Address

12180 PHILLIPS HIGHWAY
JACKSONVILLE FL 32216
US

P.O. BOX 327
DOCTOR'S INLET FL 32030-0327
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3434197

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

KING, DAVID A
1416 KINGSLEY AVE.
ORANGE PARK FL 32073

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	DS	☐ Delete
NAME	COLLIER, IRVIN H JR	
STREET ADDRESS	224 BUSH COURT	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	DS	☐ Delete
NAME	COLLIER, MARJORIE J	
STREET ADDRESS	224 BUSH COURT	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	DP	☐ Delete
NAME	COLLIER-GIBSON, DEBORAH L	
STREET ADDRESS	2859 WINDEMERE CT	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	V	☐ Delete
NAME	GIBSON, JAMES E JR	
STREET ADDRESS	2859 WINDERMERE CT	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: [Signature] Date: 2/18/00 Daytime Phone #: 904-260-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)