FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P978000 20903

1. Entity Name

Collier's Waste Containers Inc.



FILED

03 JUL -1 AM 9:52

SECRETARY OF STATE FALLAHASSEE, FLORIDA

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		3. Mailing Address	0227			
2859 Windemere Court Suite, Apt. #, etc.		P.O. Box 30327 Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number	4. FEI Number Applied For	
Middleb		Doctor's I	nlet. FL	59-3434197	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
32068	us	32030	Us	<u> </u>	Fee Required	
	DO NOT V IN THIS S		Name King, Da Street Address (7. Name and Address of Current vid A.; Ättorney P.O. Box Number is Not Acceptable gsley Avenue		
			City Orange B	In sole	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. I am familiar with, and accept						
the obligations of registered agent. SIGNATURE Signature, typed or Diffried name of registered agent and title if applicable. (NDTE: Registered Agent signature required when reinstaturg) DATE DATE						
	uary 1 - May 1 Fee Is \$150.00 After May 1, Fee Is \$550.00 Amended UBR Is \$61.25 Payable to Florida Department	of State	J	Election Campaign Fin Trust Fund Contribution		
10.		ID DIRECTORS	The construction of the co	and the second of the second o	MARKET CONTRACTOR CONTRACTOR	
TITLE	D/P/T/S		TITLE	5000212	47615	
NAME STREET ADDRESS	Collier-Gibson, Deborah L.		NAME STREET ADDRESS	07/01/03==01079=	-UU2 **61.25	
CITY-ST-ZIP	2859 Windemere Court Middleburg, FL 32068		CITY-ST-ZIP			
TITLE	V		TITLE			
NAME	Gibson, James E. Jr.		NAME			
STREET ADDRESS	2859 Windemere Court		STREET ADDRESS			
CITY-ST-ZIP	Middleburg: FL 32068		CITY-ST-ZIP	A miles of the second of the s		
TITLE NAME			TITLE NAME			
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY+ST-ZIP		And the second s	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNAT OFFICER OR DIRECTOR

<u>June 30, 2003</u>

(904) 260-4000

Daytime Phone #

R2E034B (12/02