

2000 UNIFORM BUSINESS REPORT (UBR)

060762

DOCUMENT # **997000024419**
 1. Entity Name **Englewood Disposal Company, Inc.**

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAY 11 PM 2:08

Principal Place of Business Mailing Address

2. Principal Place of Business **1001 Fannin Suite 4000 Houston TX 77002 USA**
 3. Mailing Address **1001 Fannin Suite 4000 Houston TX 77002 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number: **06-1488620**
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 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	TITLE	NAME	STREET ADDRESS CITY - ST - ZIP
	President	Miller, Matthew 1001 Fannin Suite 4000 Houston TX 77002			
	Secretary & Sole Director	Bryan G. Blankfield 1001 Fannin Suite 4000 Houston TX 77002			
	Treasurer	Ronald Jones 1001 Fannin Suite 4000 Houston TX 77002			
	Vice President	Robert Simpson 1001 Fannin Suite 4000 Houston TX 77002			

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: **Robert G. Simpson** **4/19/2000** **7135126504**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *