

PG 193

2000 UNIFORM BUSINESS REPORT (UBR)

7/19/00-90006-012-\$150.00-\$150.00

DOCUMENT # **P97000038258**

1. Entity Name

WASTE INTEGRATION SERVICE CENTER, INC.

FILED

00 AUG 28 AM 8: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4511 N HIMES AVE SUITE 245 TAMPA FL 33614 US	Mailing Address 4511 N HIMES AVE SUITE 245 TAMPA FL 33614 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3442786	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**LOPEZ, AL R JR.
4600 W. CYPRESS ST., STE. 500
TAMPA FL 33607**

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 only if applicable.

(NOTE: Registered Agent signature required when retreating)

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 \$550.00
AND SEPTEMBER 15, 2000 Min. will be \$750.00
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO CARTER, WALLACE W 17829 OSPREY POINT PLACE TAMPA FL 33647	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CARTER, PAIGE A 17829 OSPREY POINT PLACE TAMPA FL 33647	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CARTER, CLARENCE J JR 17807 ST LUCIA ISLE TAMPA FL 33647	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, S, T CARTER, WALLACE W. 4511 N. HIMES AVE, SUITE 245 TAMPA, FL 33614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO, CHAIRMAN MATHEWS III, MILLER J. 4511 N. HIMES AVE., SUITE 245 TAMPA, FL 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 employment.

SIGNATURE:

Wallace W. Carter **WALLACE W. CARTER, President** 7/12/00 (813) 348-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

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KOEHLER & COMPANY

A PROFESSIONAL ASSOCIATION

CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

MEMBERS OF THE AMERICAN
INSTITUTE AND THE FLORIDA
INSTITUTE OF CERTIFIED
PUBLIC ACCOUNTANTS

TELEPHONE (813) 258-1272
FACSIMILE (813) 258-2422
WEB SITE: WWW.CPA-TAMPA.COM
E-MAIL: KOEHLER@CPA-TAMPA.COM

August 24, 2000

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Regarding: Waste Integration Service Center, Inc.
Form: 2000 Uniform Business Report

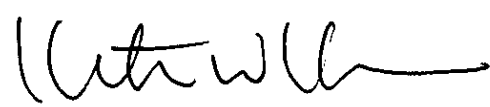
To Whom it May Concern:

In reference to your correspondence dated July 26, 2000, copy enclosed, please be advised that the above referenced corporation never received the original annual report. This was explained to you in our original correspondence dated July 10, 2000 (see enclosed copy).

We are again requesting that you abate the penalties for late filing and consider the return filed as the corporation made every effort to comply by filing the second request immediately upon receipt.

We appreciate your consideration to this matter. If you have any questions or are unable to favorably resolve this matter, please call me directly at (813) 258-1272. Your prompt attention to this letter is appreciated.

Very Truly Yours,



Keith W. Koehler

cc: Waste Integration Service Center, Inc.