

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90011 044 ***558.75

DOCUMENT # P47000023258
1. Entity Name
 WASTE INTEGRATION SERVICE CENTER, INC. *WIP*

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

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip **Country**

4. FEI Number
 59-3442786

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

977657

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 LOPEZ, A L R JR.
 4600 W. CYPRESS ST., STE. 500
 TAMPA, FL 33607

7. Name and Address of New Registered Agent
Name JOHN P. COLLINS
Street Address (P.O. Box Number is Not Acceptable)
 4511 N. HIMES AVE SUITE 195
City TAMPA **FL** **Zip Code** 33614

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]* **DATE** 7/16/01
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$350.00
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	<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
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	STOCK HOLDER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CARTER, WALLACE W. 4511 N. HIMES AVE., SUITE 245 TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition MATHEWS, MILLER J. III 4511 N. HIMES AVE., SUITE 245 TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRISCOE, WALLACE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4511 N. HIMES AVE., SUITE 245 TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLINS, JOHN P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4511 N. HIMES AVE., SUITE 245 TAMPA, FL 33614
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

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** 7/16/01 **Daytime Phone #** 813-348-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)