

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 01, 2000 8:00 am  
Secretary of State**

02-01-2000 90039 009 \*\*\*150.00

**DOCUMENT # P97000045880**

1. Entity Name

**CENTRAL SANITATION, INC.**

Principal Place of Business

Mailing Address

**1744 12TH S.E.  
LARGO FL 33771****PO BOX 1332  
LARGO FL 33779-1332**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3457731**Applied For  
Not Applied For5. 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

**RUBAI, JAWDET I  
15122 63RD ST N 1358 J. Missouri Ave  
CLEARWATER FL 34620 33756**

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MIRANDA, CORA L</b>	
STREET ADDRESS	<b>2400 WEYMOUTH DR.</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33764</b>	

TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>DEVIVO, DOMINICK</b>	
STREET ADDRESS	<b>10315 68TH ST. N.</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL 34666</b>	

TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>DEVIVO, GEARD Gerard</b>	
STREET ADDRESS	<b>15122 63RD ST. N</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33760 34620-2003</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-29-00**