

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096756

1. Entity Name

VALET WASTE, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90142 036 ***150.00

Principal Place of Business

Mailing Address

1307 NORTH 18TH STREET
TAMPA FL 33605

P.O. BOX 5738
TAMPA FL 33675

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3475765

Applied For

Not Applicable

5. 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

FERRIS, MICHAEL K
1301 SOUTH HOWARD AVE
C-8
TAMPA FL 33606

Name Brent R. Smith

Street Address (P.O. Box Number is Not Acceptable)

3225 Baseball Pond Rd.

City Brooksville

FL

Zip Code 34602

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 Brent R Smith Brent R. Smith, Secretary 4-23-01
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, 2001 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	D	<input type="checkbox"/> Delete
NAME	FERRIS, MICHAEL	
STREET ADDRESS	1301 SOUTH HOWARD AVE #C-8	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAGRISSE, DAVID J	
STREET ADDRESS	920 CORAL STREET	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, BRENT R	
STREET ADDRESS	3225 BASEBALL POND ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Brent R Smith Brent R Smith 4-23-01 (813) 248-1327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)