## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

## P98000026834 **DOCUMENT #**

1. Entity Name

Principal Place of Business

WASTE AWAY SYSTEMS, INC.



**FILED** Mar 10, 2003 8:00 am § Secretary of State

03-10-2003 90152 005 \*\*\*150.00

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201 NORTH MERIDIAN AVENUE TAMPA FL 33802		201 NORTH MERIDIAN AVENUE TAMPA FL 33602					
2. Principal Place of Business			3. Mailing Address			İ	F THE THE TRICK THE PRINT RETAIL BETTER BETTER THE THE THE TRICK T
<u>161</u>	<u> 81 FLI</u>	GHT PATH DR.	16181 FLIGHT PATH DR			DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES	
City & State BROOKSVILLE, FL			City & State				4. FEI Number 59-3503101 Applied For
Zip	OKSATT	Country	BROOKSVILL Zip			Not Applicable	
346	ina l	HERNANDO	34604	Count	•		5. Certificate of Status Desired See Required Fee Required
		and Address of Current F	Registered Agent	<u> </u>	<u>ERNANI</u>	<u> </u>	7. Name and Address of New Registered Agent
	•				Name	<del></del>	11 Multio and Address of New Hegistered Agent
CALNAN,	DENNIS J						
201 NOR	TH MERIDIAI	N AVE.			Street Ac	ldreis ( 1 F	(P.O. Box Number is Not Acceptable)
TAMPA FI	L 33602			İ		- 1	•
				}		KSV	ville, FL 34604
					City	_  .	FL Zip Code
8. The above	named entity	submits this statement for	the purpose of changing its r	registere	d office or	register	ered agent, or both, in the State of Florida. I am familiar with, and accept
the obliga	tions of registe	ered adeny					
SIGNATURE	ZFA		_				
	Signature, typed o	printed name of registered agent an	d title if applicable. (NOTE:	Registered	Agent signatur	e required	ed when reinstating) DATE
F	ILE NOW!!!	FEE IS \$150.00				1.	
		3 Fee will be \$550.00					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
Make Checi	k Payable to	Florida Department of	State				Added to Fees
10.	T =	OFFICERS AND D	PIRECTORS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	ACTION I	Delete	TITLE	ŀ		Change [17] Addition
NAME STORES LOODESS	CALNAN, D	JENNIS J 1 MERIDIAN AVENUE		NAME	- 1	* -   ·	21 53 W. 24 8
STREET ADDRESS CITY-ST-ZIP	TAMPA FL				T ADDRESS	1 <mark> </mark> 61	181 Flight Path Drive
<del></del>				-	ST-ZIP	Bro	ooksville, FL 34604
TITLE NAME	DV Fagan, Da	WD W	☐ Delete	TITLE	•		Change Addition
STREET ADDRESS	201 N MER			NAME		16	1 <u>8</u> 1 Flight Path Drive
CITY-ST-ZIP	TAMPA FL			CITY-		Br	ooksville, FL 34604
TITLE	DS		☐ Delete	TITLE	<del></del>		Change ☐ Addition
NAME		KENNETH C		NAME		- ∤ *	Activities Notified Notified
STREET ADDRESS	500 SUMMI			STREE	T ADDRESS	• •	. /
CITY-ST-ZIP	LIGONIER F	PA 15658		CITY-S	ST-ZIP		
TITLE			☐ Delete	TITLE			☐ Change ☐ Addition
NAME		•		NAME			
STREET ADDRESS	;			4	TADDRESS		
CITY-ST-ZIP			<del></del>	CITY-S	ST-ZIP		
TITLE			☐ Delete	TITLE			☐ Change ☐ Addition
NAME STREET ADDRESS				NAME	4000000		· ·
CITY-ST-ZIP				CITY-S	r address St-zip		
TITLE			☐ Delete		-	-	
NAME			LI DEJETE	TITLE NAME			☐ Change ☐ Addition
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				CITY-S			
12. I hereby c	ertify that the i	information supplied with th	nis filing does not qualify for th	he over	ntion state	d in Soc	ection 110 07/200). Florido Chatalana I 6 mb

indicated on this report or supplied with this hing does not quality 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 10 or Block 11 if changed, or on an attachment with an address, will all other like empowered.

SIGNATURE:

352-799-6900