

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000032862**1. Entity Name  
**WASTE EXPRESS, INC.****FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90055 040 \*\*\*150.00

Principal Place of Business  
**11305 BLACKWOOD DR.  
NEW PORT RICHEY FL 34654**Mailing Address  
**11305 BLACKWOOD DR.  
NEW PORT RICHEY FL 34654**

00043000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**6244 Old Ridge Rd.**  
Suite, Apt. #, etc.3. Mailing Address  
**6244 Old Ridge Rd.**  
Suite, Apt. #, etc.City & State  
**Port Richey FL.**  
Zip  
**34668**  
Country  
**USA.**City & State  
**Port Richey FL.**  
Zip  
**34668**  
Country  
**USA.**4. FEI Number **59-3553416**Applied For  
Not Applicable5. 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****YOUNG, JOHN  
11305 BLACKWOOD DRIVE  
NEW PORT RICHEY FL 34654**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 *John S. Young*  
Signature, typed or printed name of registered agent and title if applicable.*John S. Young*  
(NOTE: Registered Agent signature required when relocating)*4/10/01*  
DATE9. 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
YOUNG, JOHN  
11305 BLACKWOOD DR.  
NEW PORT RICHEY FL 34654** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/10/01* Daytime Phone # *(727) 841-7511*

CR2E034 (10/00)