

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90004 024 ***550.00

DOCUMENT # P98000055732

1. Entity Name
AFFORDABLE DEBRIS REMOVAL, INC.

660527



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
18190 OLD BAYSHORE RD 18190 OLD BAYSHORE RD
NORTH FORT MYERS FL 33917 NORTH FORT MYERS FL 33917

2. Principal Place of Business 3. Mailing Address
1412 Viscaya Pkwy P.O. Box 151064
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Cape Coral, Fla. Cape Coral, Fla.
 City & State City & State
33915 33915
 Zip Country Zip Country
USA USA

4. FEI Number **65-0851270** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
POLING, KEVIN C
18190 OLD BAYSHORE RD
NORTH FORT MYERS FL 33917

7. Name and Address of New Registered Agent
 Name **JONATHAN P. LEONARD**
 Street Address (P.O. Box Number is Not Acceptable)
1412 VISCAYA PARKWAY
 City **CAPE CORAL** FL Zip Code **33990**

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 *Jonathan P. Leonard*
 Signature typed or printed name of registered agent and title if applicable (NOTE)

Registered Agent signature required when reinstating) DATE **5-10-01**

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 | |
|----------------------------|----------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | D POLING, KEVIN C |
| STREET ADDRESS | 18190 OLD BAYSHORE RD |
| CITY-ST-ZIP | NORTH FORT MYERS FL 33917 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | D LEONARD, JONATHAN P |
| STREET ADDRESS | 33 CRESCENT LAKE DR |
| CITY-ST-ZIP | NORTH FORT MYERS FL 33918 |
| 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 | |
| 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: *Jonathan P. Leonard*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5-10-01** (941-458-4968)
 Daytime Phone #

CR2E034 (10/00)