2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
05-01-2001 90126 018 ***150.00

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DOCUMENT # P98000070285

1. Entity Name

SUPERIOR WASTE SERVICES OF FLORIDA, INC.
N/K/A Onyx Waste Services of Florida, Inc.

Principal Place of Business	Mailing Address
P.O. BOX 2736 5117 SOUTH PINE AVENUE OCALA FL 33480	P.O. BOX 2736 5117 SOUTH PINE AVENUE OCALA FL 33480

000433

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5111 South Pine Avenue	5111 South Pine Avenue
Suite, Apt. #, etc.: P.O. Box 2736	Suite, Apt. #, etc.: P.O. Box 2736
City & State: Ocala, FL 34480	City & State: Ocala, FL 34480
Zip: 34480 Country: USA	Zip: 34480 Country: USA

4. FEI Number 65-0858287 ☐ 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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, 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	PD DIETRICH, G.W. "BILL" 125 S. 84TH ST., STE. 200 MILWAUKEE WI 53214	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Paul R. Jenks 125 S. 84th St., #200 Milwaukee, WI 53214	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DUKE, KAREN K 125 S. 84TH ST., STE. 200 MILWAUKEE WI 53214	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Wesley E. Berger 1605 Main St., #904 Sarasota, FL 34236	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS CRAMER, SCOTT S 125 S. 84TH ST., STE. 200 MILWAUKEE WI 53214	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FARR, GEORGE K 125 S. 84TH ST., STE. 200 MILWAUKEE WI 53214	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: _____ Scott S. Cramer, Assistant Sec. 4/18/01 414-479-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #