# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 26, 2002 8:00 am**
**Secretary of State**
03-26-2002 90012 044 ***150.00

DOCUMENT # P98000070285

1. Entity Name
Onyx Waste Services of Florida, Inc.

B0050457

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 5111 South Pine Avenue | 125 South 84th Street |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. Suite 200 |
| City & State: Ocala, FL | City & State: Milwaukee, WI |
| Zip: 34480 Country: Marion | Zip: 53214 Country: Milwaukee |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0858287 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**7. Name and Address of Current Registered Agent**

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
City: Plantation **FL** Zip Code: 33324

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) ☐

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**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 | P/D | TITLE | |
| NAME | Paul R. Jenks | NAME | |
| STREET ADDRESS | 125 South 84th Street, Suite 200 | STREET ADDRESS | |
| CITY-ST-ZIP | Milwaukee, WI 53214 | CITY-ST-ZIP | |
| TITLE | S | TITLE | |
| NAME | Karen K. Duke | NAME | |
| STREET ADDRESS | 125 South 84th Street, Suite 200 | STREET ADDRESS | |
| CITY-ST-ZIP | Milwaukee, WI 53214 | CITY-ST-ZIP | |
| TITLE | T/D | TITLE | |
| NAME | George K. Farr | NAME | |
| STREET ADDRESS | 1605 Main Street, Suite 904 | STREET ADDRESS | |
| CITY-ST-ZIP | Sarasota, FL 34236 | CITY-ST-ZIP | |
| TITLE | Assistant S | TITLE | |
| NAME | Scott S. Cramer | NAME | |
| STREET ADDRESS | 125 South 84th Street, Suite 200 | STREET ADDRESS | |
| CITY-ST-ZIP | Milwaukee, WI 53214 | CITY-ST-ZIP | |
| TITLE | Assistant T | TITLE | |
| NAME | Raphael B. Bruckert | NAME | |
| STREET ADDRESS | 125 South 84th Street, Suite 200 | STREET ADDRESS | |
| CITY-ST-ZIP | Milwaukee, WI 53214 | CITY-ST-ZIP | |
| TITLE | D | TITLE | |
| NAME | G.W. "Bill" Dietrich | NAME | |
| STREET ADDRESS | 1605 Main Street, Suite 904 | STREET ADDRESS | |
| CITY-ST-ZIP | Sarasota, FL 34236 | CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ Karen K. Duke, Assistant Secretary March 6, 2002 414-479-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL210 - 2/26/2002 C T System Online