

**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.

DO NOT WRITE IN THIS SPACE

B0050457

2. Principal Place of Business
5111 South Pine Avenue

Suite, Apt. #, etc.

3. Mailing Address
125 South 84th Street

Suite, Apt. #, etc.
Suite 200

City & State
Ocala, FL

City & State
Milwaukee, WI

4. FEI Number
65-0858287

Applied For
Not Applicable

Zip
34480

Country
Marion

Zip
53214

Country
Milwaukee

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**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

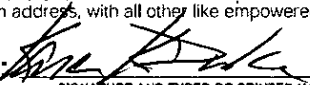
10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Paul R. Jenks 125 South 84th Street, Suite 200 Milwaukee, WI 53214	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Karen K. Duke 125 South 84th Street, Suite 200 Milwaukee, WI 53214	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D George K. Farr 1605 Main Street, Suite 904 Sarasota, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant S Scott S. Cramer 125 South 84th Street, Suite 200 Milwaukee, WI 53214	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant T Raphael B. Bruckert 125 South 84th Street, Suite 200 Milwaukee, WI 53214	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D G.W. "Bill" Dietrich 1605 Main Street, Suite 904 Sarasota, FL 34236	TITLE 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 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 #

CR2E034B (12/01)