

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90028 029 \*\*\*150.00

**DOCUMENT # P99000027102**

1. Entity Name

**TRASH BUTLERS, INC.**

Principal Place of Business

Mailing Address

1550/F3 McMullen Booth Rd., Suite 173  
 Clearwater FL 33759

1550/F3 McMullen Booth Rd., Suite 173  
 Clearwater FL 33759

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc..

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3563718

Applied For

Not Applicable

5. Certificate of Status Desired -

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIBSON, CHRISTOPHER M  
 2816 CANDLEWOOD ST.  
 CLEARWATER FL 33759

Name: **Charles N. Gibson III**

Street Address (P.O. Box Number is Not Acceptable)

**2816 Candlewood St.**

City: **Clearwater**

FL

Zip Code: **33759**

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

*Charles N. Gibson III*

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

**3/6/00**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	<b>Charles N. Gibson III</b> <b>2816 Candlewood St</b> <b>Clearwater FL 33759</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Christopher Gibson</b> <b>2816 Candlewood St</b> <b>Clearwater FL 33759</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Stephan Truskowski</b> <b>3609 Data Drive #301</b> <b>Tampa, FL 33613</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Charles N. Gibson III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3/6/00**

Daytime Phone #

CP2E034 (9/99)