

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000058638

1. Entity Name

DEMOLITION DISPOSAL, INC.

APPROVED
AND
FILED

01 JUN 26 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4632 PIPELINE ROAD

P.O. BOX 67

PANAMA CITY, FL. 32405

LYNN HAVEN, FL. 32444

2. Principal Place of Business

3. Mailing Address

4632 PIPELINE ROAD

P.O. BOX 67

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PANAMA CITY, FL. 32405

LYNN HAVEN, FL. 32444

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

59-3602901

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

00-01

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

H. T CATO

P.O. BOX 67

LYNN HAVEN, FLORIDA 32444

Name

H THOMAS CATO

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

2622 N MACARTHUR AVENUE

City

PANAMA CITY,

FL

Zip Code
32405

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 6/22/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☐ Delete

NAME H. T. CATO

STREET ADDRESS P.O. BOX 67, LYNN HAVEN, FL. ☐ Delete

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE PRESIDENT ☒ Change ☐ Addition

NAME H. THOMAS CATO

STREET ADDRESS 2622 N MACARTHUR AVE, PANAMA CITY

CITY-ST-ZIP FL. 32405 ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

850- 769-9136

Daytime Phone #

CR2E034 (11/00)