## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900064620  1. Entity Name FLORIDA WASTE SERVICES, INC.				Secretary of State 03-25-2002 90023 027 ***1 50.00		
Principal Place of Business 3211 S. CRYSTAL LAKE DR. ORLANDO FL 32806		Mailing Address 3211 S. CRYSTAL LAKE DR. ORLANDO FL 32806		LIABILITA (IN IANIS ANII ANII ANII ANII ANII ANII A	THE HE WE WAS THE PART OF THE WAS THE	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 59-3584499	Applied For Not Applicable	
Zip	Country	Zip C	Country		<b>75</b> Additional Required	
	6. Name and Address of Current R	egistered Agent	<del></del>	7. Name and Address of New Registered Agent	t	
	00 11450 4		Name	Name		
LOCKWOOD, JAMES A 3211 S. CRYSTAL LAKE DR.			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
ORLAND(	) FL 32806		Ì			
			City	FL Zip Code		
SIGNATURE	named entity submits this statement for signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible		istered Agent signature require	<del> </del>		
Tax filing requirement and elects to do so. (See criteria on back)		After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta				
11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	ECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O LOCKWOOD, JAMES A 3211 S CRYSTAL LAKE DRIVE ORLANDO FL 32806		TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_ •	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
indicated of the cor	on this report or supplemental report is to	rue and accurate and that my sig rered to execute this report as re	onature shall have the	Section 119.07(3)(i), Florida Statutes. I further certify the same legal effect as if made under oath; that I am an 607, Florida Statutes; and that my name appears in Bloc	officer or director	

SIGNATURE: