

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**  
 03-15-2000 90045 044 \*\*\*158.75

**DOCUMENT # P99000065320**

1. Entity Name  
**TRASH BUSTERS USA, INC.**

Principal Place of Business <b>3281 SE SLATER STREET                  STUART FL 34997</b>	Mailing Address <b>3281 SE SLATER STREET                  STUART FL 34997-5704</b>
--	---

2. Principal Place of Business Suite, Apt. #, etc.:	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0936082</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**ROBY, WILLIAM L  
 555 COLORADO AVE STE 2  
 STUART FL 34994**

7. Name and Address of New Registered Agent  
 Name **John L. O'Brien**  
 Street Address (P.O. Box Number is Not Acceptable)  
**611 S.W. Timber Trail**  
 City **Stuart FL** Zip Code **34997**

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]* **JOHN L O'BRIEN** DATE **7 MARCH 2000**  
Signature of individual or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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		
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>O'BRIEN, BARBARA</b>	
STREET ADDRESS	<b>611 TIMBER TR</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>O'BRIEN, JOHN</b>	
STREET ADDRESS	<b>611 TIMBER TR</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *[Signature]* **BARBARA O'BRIEN** DATE **7 MARCH 2000** DAYTIME PHONE # **561-287-6476**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)