

DOCUMENT # P99000076922

1. Entity Name
FORRISTALL ROLL-OFF SERVICES, INC.

Principal Place of Business Mailing Address
3404 17TH STREET EAST 3404 17TH STREET EAST
PALMETTO FL 34221 PALMETTO FL 34221

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

FILED
Jan 10, 2001 8:00 am
Secretary of State
01-10-2001 90009 017 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0947209 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FORRISTALL, MARY
3404 17TH STREET EAST
PALMETTO FL 34221

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (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) 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	D	<input type="checkbox"/> Delete	TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORRISTALL, MARY		NAME		
STREET ADDRESS	3404 17TH STREET EAST		STREET ADDRESS	9007 60 AVE E.	
CITY-ST-ZIP	PALMETTO FL 34221		CITY-ST-ZIP	BRADENTON, FL	
TITLE		<input type="checkbox"/> Delete	TITLE	V, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	STEPHEN FORRISTALL	
STREET ADDRESS			STREET ADDRESS	9007 60 AVE E.	
CITY-ST-ZIP			CITY-ST-ZIP	BRADENTON, FL	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Mary Jane H. Pres 1/3/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #