

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2003 8:00 am**  
**Secretary of State**

08-20-2003 90051 038 \*\*\*150.00

0125470 AT

**DOCUMENT # P99000094125**

1. Entity Name

**AMERICAN BALER & COMPACTOR SERVICE, INC.**



Principal Place of Business

1191A N. EGLIN PKWY., SUITE 119  
SHALIMAR FL 32579

Mailing Address

1191A N. EGLIN PKWY., SUITE 119  
SHALIMAR FL 32579

2. Principal Place of Business

117 Racetrack Rd.

Suite, Apt. #, etc.

#119

3. Mailing Address

117 Racetrack Rd.

Suite, Apt. #, etc.

#119

City & State

FT. Walton Beach, FL

City & State

FT. Walton Beach, FL

Zip

32547

Country

USA

Zip

32547

Country

USA

4. FEI Number

59-3605843

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DENNISON, CHARLES M JR

1191A N. EGLIN PKWY., SUITE 119

SHALIMAR FL 32579

7. Name and Address of New Registered Agent

Name

Dennison, Charles M. Jr.

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

117 Racetrack Rd. #119

City

FT. Walton Beach,

FL

Zip Code

32547

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DENNISON, CHARLES 1191A N. EGLIN PKWY., SUITE 119 SHALIMAR FL 32579	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Dennison, Charles 117 Racetrack Rd. #119 FT. Walton Beach, FL 32547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*CHARLES M. DENNISON JR.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Charles M. Dennison Jr.*

8-13-03

8502596428

Date

Daytime Phone #

CR2E034 (4/03)

Attachment # 80139262

August 13, 2003


Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: FEIN 59-3605843  
Doc. No. P99000094125

This letter is a request for abatement of the penalty for late filing of the Florida Uniform Business Report. ~~The failure to timely file the report was inadvertent and a result of not having received~~ the original form in the mail. This may have been caused by our changing our mailing address.

I am enclosing a check for \$150.00 in the hope that you will approve my request.

Sincerely yours,



Charles W. Dennison  
President

American Baler & Compactor Service  
117 Racetrack Rd., #119  
Ft. Walton Beach, FL 32547  
850-259-6478