

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90697 024 ***150.00

DOCUMENT # P99000095845

1. Entity Name
CENTRAL FLORIDA REFUSE, INC.



Principal Place of Business
**825 SUNSHINE LANE
ALTAMONTE SPRINGS FL 32714**

Mailing Address
**825 SUNSHINE LANE
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3608189**

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

7. Name and Address of New Registered Agent

~~**RAINES, ROBERT JR
825 SUNSHINE LANE
ALTAMONTE SPRINGS FL 32714**~~

Name **John O'Donnell**
Street Address (P.O. Box Number is Not Acceptable)
825 Sunshine Lane
City **Altamonte Springs** **FL** Zip Code **32714**

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 **4/9/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **O'DONNELL, JOHN**
STREET ADDRESS **1853 MISTY MORN PLACE**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME ~~**RAINES, ROBERT**~~
STREET ADDRESS **1413 TROVILLIAN AVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☒ Change ☐ Addition
NAME **Raines, Robert**
STREET ADDRESS **2309 Chantilly Ave**
CITY-ST-ZIP **Winter park, FL 32789**

TITLE **S** ☒ Delete
NAME **O'DONNELL, BRIAN**
STREET ADDRESS **16123 E SHIRLEY SHORE ROAD**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **SERWE, BARTHOLEMEW**
STREET ADDRESS **1456 FALCONCREST BLVD**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **DAYTON, ADAM**
STREET ADDRESS **1118 MARTEX DRIVE**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/03 (407) 862-6445

CR2E034 (10/02)