

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S42637**

1. Entity Name

LAND FILL MACHINERY SYSTEMS, INC.

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90257 029 ***150.00

Principal Place of Business

Mailing Address

2340 PERIWINKLE WAY

2340 PERIWINKLE WAY

J-2

J-2

SANIBEL FL 33957

SANIBEL FL 33957

US

US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

637 LAKE MUREX CT.

1318 Lafayette St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SANIBEL FL 33957

CAPE CORAL, Florida

City & State

City & State

4. FEI Number **65-0253342**

Applied For

Not Applicable

Zip **33957** Country **LEE**

Zip **33904** Country **Lee**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIZZO, THOMAS F.
2340 PERIWINKLE WAY J-2
SANIBEL FL 33957

Name **HILL, THOMAS W.**

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

1318 LAFAYETTE ST.

City **CAPE CORAL**

FL

Zip Code **33904**

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

Thomas W. Hill

Thomas W. Hill

1-31-01

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

(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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD GENSEL, FRIEDEMANN 637 LAKE MUREX SANIBEL FL 33951	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	GENSEL, FRIEDEMANN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HILL, THOMAS W. 1318 LAFAYETTE ST. CAPE CORAL, FL 33904	<input type="checkbox"/> Change <input checked="" 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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Friedemann Gensel

1-31-01

Date

941-549-2444

Daytime Phone #

CR2E034 (10/00)