

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000526

1. Entity Name

-WEST SANITATION SERVICES, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90071 019 \*\*\*150.00

Principal Place of Business

Mailing Address

3882 DEL ANO BLVD  
UNIT 602  
TORRANCE CA 90503-2162  
US

3882 DEL ANO BLVD  
UNIT 602  
TORRANCE CA 90503  
US

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

95-3892145

Applied For

Not Applicable

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

NATIONAL CORPORATE RESEARCH, LTD., INC.  
1406 HAYS STREET  
SUITE #2  
TALLAHASSEE FL 32301

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME EMERY, GRAHAM H  
STREET ADDRESS 300 VIA CORTA #204  
CITY-ST-ZIP PALOS VERDES ESTATES CA 90274

TITLE ☒ Change ☐ Addition  
NAME EMERY, GRAHAM H.  
STREET ADDRESS 6401 SEALPOINT COURT  
CITY-ST-ZIP RANCHO PALOS VERDES, CA 90275

TITLE D ☐ Delete  
NAME WHITNEY, CARROLL 4650 WE  
STREET ADDRESS ST ROSECRANS AVENUE  
CITY-ST-ZIP HAWTHORNE CA 90250

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

TITLE T ☐ Delete  
NAME LIN, LUCY  
STREET ADDRESS 4505 W. 135TH ST  
CITY-ST-ZIP HAWTHORNE CA 90250

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

TITLE S ☐ Delete  
NAME CALLADONATO, KITTIE  
STREET ADDRESS 1745 MAPLE AVENUE  
CITY-ST-ZIP TORRANCE CA 90503

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)