

CITIZEN COMPLAINT

Complaint Number: 07-066

County: Orange

Call Received By: John White

Date: 08/31/2007

Time:

If Received By "Other Staff" please identify:

Facility Name: Secure Waste

Address: 6357 All American Blvd, Orlando, FL 32810

Directions to Site:

Owners Name (Responsible Official): Joe Doremus

Phone Number:

Type of Business: Bio Waste Transporter

Description of Complaint: Company is taking liquid chemotherapy waste and transporting it as bio waste

Type and Quantity of Waste Involved: HW unknown quantity

Complainant (May Remain Anonymous):

Address:

Phone No.:

Previous Complaint at this site? Yes No

If "Yes", When?

Complaint Number(s): Under Name Bio Waste

Section or Agency Referred To: DEP Program

Additional Referrals:

Date Referred:

Person Referred To:

Individual Responding: _____

Date Received: _____

Response Date: _____

Time: _____

Investigation Results: _____

Individuals Present: _____

Site Description: _____

Signature of Responder: _____

Date of Completion: _____

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



[Home](#)
 [Contact Us](#)
 [E-Filing Services](#)
 [Document Searches](#)
 [Forms](#)
 [Help](#)

[Previous on List](#)
 [Next on List](#)
 [Return To List](#)

[Events](#)
 [Name History](#)

Entity Name Search

Detail by Entity Name

Florida Profit Corporation

SECURE WASTE DISPOSAL, INC.

Filing Information

Document Number P93000017612
FEI Number 593117271
Date Filed 03/04/1993
State FL
Status ACTIVE
Last Event NAME CHANGE AMENDMENT
Event Date Filed 08/08/2002
Event Effective Date NONE

Principal Address

6357 ALL AMERICAN BLVD.
ORLANDO FL 32810 US

Changed 01/19/2006

Mailing Address

POST OFFICE BOX 540417
ORLANDO FL 32854

Registered Agent Name & Address

DOREMUS, JOSEPH
6857 ALL AMERICAN BLVD.
ORLANDO FL 32810 US

Address Changed: 01/19/2006

Officer/Director Detail

Name & Address

Title P


DOREMUS, JOSEPH
6387 ALL AMERICAN BLVD.
ORLANDO FL 32810

Annual Reports

Report Year Filed Date
 2005 09/08/2005

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000017612 1. Entity Name SECURE WASTE DISPOSAL, INC.	
--	---

Principal Place of Business 6357 ALL AMERICAN BLVD. ORLANDO, FL 32810 US	Mailing Address POST OFFICE BOX 540417 ORLANDO, FL 32854
--	--



2. Principal Place of Business - No P.O. Box #	3. Mailing Address	01092007	Chg-P	CR2E034 (12/06)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3117271		
City & State	City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DOREMUS, JOSEPH 6857 ALL AMERICAN BLVD. ORLANDO, FL 32810
--

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

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME	P DOREMUS, JOSEPH	
STREET ADDRESS	6387 ALL AMERICAN BLVD.	
CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			

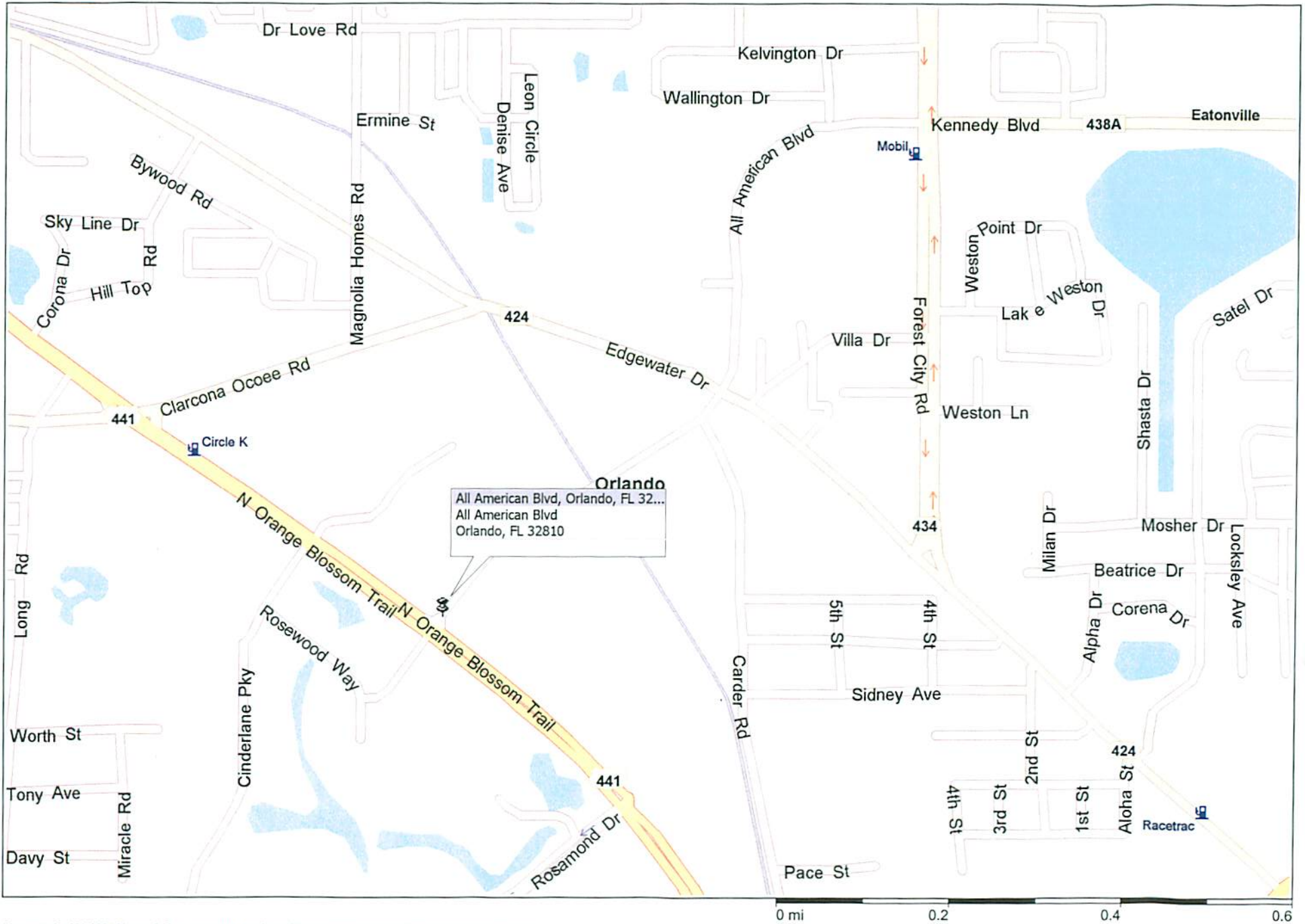
U00000645280
03/02/07-80078-002 300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* 1/10/07 4078501010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Days to Phone #

Orlando, Florida, United States



Orlando, Florida, United States

