DRAFT

COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

Applicant: Notest 1-800-60t Junic Date: 10.6.25

Status	Brief Description of Application Requirements
☐ Met; ☐ Not Met	Identity of the applicant, to include its principals, partners, and management. Section 4-1 C. (2)(a)
☐ Met;	Evidence the entity is authorized to do business with the State of Florida and in good standing with the Department of State. Section 4-1 C. (2)(a)
☐ Met; ☐ Not Met	Information regarding the experience and qualifications of the applicant and its personnel with regard to Solid Waste collection. Section 4-1 C. (2)(b)
☐ Met;	Information about the applicant's (including its principals, partners, and officers) involvement as a subject or as a part in any litigation, criminal proceedings, or agency enforcement cases. Section 4-1 C. (2)(c)
☐ Met; ☐ Not Met	List of all vehicles, equipment and other physical assets [by make, model, capacity, size, type and VIN] the applicant will use to collect and transport Solid Waste when providing Commercial Collection service within Polk County. Section 4-1 C. (2)(d)
☐ Met; ☐ Not Met	List identifying the frequency of Commercial Collection Service applicant provides to its customers with the identification number, size, capacity, and type of each dumpster, roll cart, roll-off Container and compactor that the applicant will use to collect Commercial Solid Waste within the County. Section 4-1 C. (2)(e)
Met;	Applicant's acknowledgment and consent the County has the right to inspect the applicant's vehicles, Containers, compactors and other equipment at any time. Section 4-1 C. (2)(f)
☐ Met; ☐ Not Met	Original Certificates of Insurance evidencing current compliance with CGL coverage (NLT \$2M per occurrence) and State statutory workers' comp. coverage (or waiver). Section 4-1 C. (2)(g)
☐ Met: ☐ Not Met	Evidence the applicant has obtained all permits and licenses required by law or ordinance to provide Commercial Collection Service within the County. Section 4-1 C. (2)(h)
☐ Met; ☐ Not Met	Delivery of Sworn affidavit confirming: (i) no unsatisfied judgments pending against the applicant; (ii) no liens of record filed by the IRS or State against the applicant; (iii) applicant will comply with all Ord. requirements and all applicable laws. Section 4-1 C. (2)(i)
☐ Met; ☐ Not Met	Delivery of written indemnity of County from any loss which may result from the applicant, its employees, subcontractors, agents, failure to perform in compliance with the terms of the franchise or the Ordinance. Section 4-1 C. (2)(j)
□ Not Met	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5)



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Foreign Profit Corporation
NOREAST SERVICES MBW CORP.

Filing Information

Document Number F22000004299

FEI/EIN Number 36-5025173

Date Filed 07/12/2022

State DE

Status ACTIVE

Principal Address

3535 Reynolds Road

Unit 4

Lakeland, FL 33803

Changed: 08/03/2023

Mailing Address

3535 Reynolds Road

Unit 4

Lakeland, FL 33803

Changed: 08/03/2023

Registered Agent Name & Address

SMITH, KEITH C, ESQ. ONE LAKE MORTON DR. LAKELAND, FL 33801

Officer/Director Detail

Name & Address

Title President

BALDWIN, MICHAEL 3 St. Joseph's Lane St. John, NL A1A 5T9 CA

Title VP

WHITMORE, BRAD 98 Parkdale Ave Pointe-Claire, QC H9B 1Z9 CA

Annual Reports

Report Year	Filed Date
2023	08/03/2023
2024	02/11/2024
2025	01/27/2025

Document Images

01/27/2025 ANNUAL REPORT	View image in PDF format
02/11/2024 ANNUAL REPORT	View image in PDF format
08/03/2023 ANNUAL REPORT	View image in PDF format
07/12/2022 Foreign Profit	View image in PDF format

Florida Department of State, Division of Corporations

BCHISHKO



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/5/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

this certificate does not confer rights to the certificate holder in lieu o	f such endorsement(s).					
PRODUCER	CONTACT Stephen Pcsolar, CISR					
Liberty Insurance Agency 1910 Cochran Road	PHONE (A/C, No, Ext): (412) 571-5700 236 FAX (A/C,	No): (412) 571-9909				
Manor Oak Two Suite 800	E-MAIL ADDRESS: stevepcsolar@libertyins.com					
Pittsburgh, PA 15220	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A : Nautilus Insurance Company	17370				
INSURED	INSURER B: Key Risk Insurance Company	10885				
NorEast Services MBW Corp SR 20222426352 dba	INSURER C : StarStone Specialty Insurance Com	pany 44776				
1-800-GOT-JUNK? 3535 Reynolds Road, Bay 4	INSURER D : Argonaut Insurance Company	19801				
Lakeland, FL 33803	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER	₹:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS						
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFF EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HA		CT TO ALL THE TERMS,				
NSR TYPE OF INSURANCE ADDL SUBR NSD WVD POLICY NUMBER	R POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)	LIMITS				

NSR LTR		TYPE OF INSURANCE		ADDL SI	JBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
A	X	COMMERCIAL GENERAL LIA						EACH OCCURRENCE	s	1,000,000
		CLAIMS-MADE X C	OCCUR		GLP2047762-10	8/5/2025	8/5/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,00
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIE	S PER:					GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO-	LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO			BAP2047761-10	8/5/2025	8/5/2026	BODILY INJURY (Per person)	\$	
	Х		EDULED OS						\$	
	X	HIRED AUTOS ONLY X NON-	OWNED OS ONLY					PROPERTY DAMAGE (Per accident)	\$	
								7.	\$	
С	X	UMBRELLA LIAB X 0	CCUR					EACH OCCURRENCE	\$	2,000,000
		EXCESS LIAB C	LAIMS-MADE		CSX90608453P-01	8/5/2025	8/5/2026	AGGREGATE	\$	2,000,000
		DED RETENTION\$							\$	
D	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECU	UTIVE Y/N	N/A	ARGWC929258777434	8/5/2025	8/5/2026	E.L. EACH ACCIDENT	\$	500,000
		CER/MEMBER EXCLUDED? datory in NH)		N/A				E.L. DISEASE - EA EMPLOYEE	\$	500,000
		, describe under CRIPTION OF OPERATIONS be	elow					E.L. DISEASE - POLICY LIMIT	\$	500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) All coverages listed are subject to the terms, conditions and exclusions within the policies.

RE PROJECT: 1-800-GOT-JUNK?

HOLDER IS ADDITIONAL INSURED WITH RESPECT TO THE GENERAL LIABILITY COVERAGE for ongoing operations if required by written contract executed prior to a loss.

UMBRELLA FOLLOWS FORM.

CERTIFICATE HOLDER	CANCELLATION			
Carlton Arms of North Lakeland, LLC 4500 Williamstown Blvd Lakeland. FL 33810	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Editoralia, i E 00010	AUTHORIZED REPRESENTATIVE			
	A MUL			

9/29/25, 3:59 PM image.png



History

Year	Owner	Due	Due Date	Payor	Paid On	Status	Paid	
2025	MICHAEL J BALDWIN, NOREAST SERVICE MBW CORP	\$0.00	Sep 30, 2025	MICHAEL BALDWIN	Jul 9, 2025	Paid	\$31.50	B
2024	MICHAEL J BAŁDWIN, NOREAST SERVICE MBW CORP	\$0.00	Sep 30, 2024	MICHAEL BALDWIN	Dec 19, 2024	Paid	\$47.80	
2023	MICHAEL J BALDWIN, NOREAST SERVICE MBW CORP	\$0.00	Sep 30, 2023	MICHAEL BALDWIN	Aug 15, 2023	Paid	\$31.50	
2022	MICHAEL J BALDWIN, NOREAST SERVICE MBW CORP	\$0.00	Sep 30, 2022	NOREAST SERVICE MBW CORP	Jul 22, 2022	Paid	\$39.38	



Date: October 2nd, 2025

To whom it may concern:

As requested the following is list of owners and managers of NOREAST SERVICES MBW CORP dba 1800- GOT-JUNK (ACCT# 1273).

Owner 1: Bradley Whitmore Owner 2: Michael Baldwin

Operations Manager: Darriel Davis

The identities of the 3 individuals listed above are being sent in a separate document.

Very respectfully,

Bradley Whitmore



Date: Sep 29, 2025

To whom it may concern:

As of the date of the correspondence stated above, NOREAST SERVICES MBW CORP dba 1800- GOT-JUNK (ACCT# 1273), as well as it's Managing Member/Owner, Bradley Whitmore has never had involvement as a subject or as a part in any litigation, criminal proceedings, or agency enforcement cases.

-	, MGR\Owner of _NOREAST SERVICES 73) do attest the above statement to be true	
State Florida	County of Polk	
The foregoing instrument wa _September	s acknowledged before me this29th_	day of

Bradley Whitmore

POLK COUNTY WASTE & RECY	CLING		OFFICE USE ONLY			
NON-EXCLUSIVE COMMERCIA		DATE RECEIVED				
FRANCHISEE	NOREAST SERVICES MBW CORP - 1800-		3		DATE TO AUDITING	
FOR YEAR					ACCEPTED	
VEHICLE MAKE	VEHICLE MODEL	YEAR	TYPE (RO, REL, FEL, ASL, ETC.)	CAPACITY (CU YD)	VEHICLE SIZE (GVW)	VEHICLE IDENTIFICATION NUMBER
Isuzu NPR	Isuzu NPR	2021	REL	15	14,500	54DC4W1D5MS208788
Isuzu NPR	Isuzu NPR	2023	REL	15	14,500	54DC4W1D1PS208629
Isuzu NPR	Isuzu NPR	2023	REL	15	14,500	54DC4W1DOPS209416
Isuzu NPR	Isuzu NPR	2025	REL	15	14,500	54DC4W D6SS20 782

POLK COUNTY WASTE & RECYCLING						OFFICE USE ONLY		
NON-EXCLUSIVE COMMERCIAL FRANCHISE AN	INUAL CONTA	INER LIST				DATE RECEIVED		
FRANCHISEE	NOREAST SERVICE	S MBW CORP - 1800	- GOT-JUNK ACCT‡	‡ 1273		DATE TO AUDITING		
FOR YEAR	2025-2026			_		ACCEPTED		
	1	CONTAINE	R TYPE/SIZE		CAPACITY	COLLECTION	FREQUENCY	CONTAINER IDENTIFICATION
CUSTOMER NAME	DUMPSTER	COMPACTOR	ROLL OFF	OTHER	(CU YD)	ON CALL	DAYS/WK	NUMBER
NOREAST SERVICES MBW CORP - 1800- GOT-JUNK ACCT# 1273				Truck with Dump Body	15	ON CALL		3
NOREAST SERVICES MBW CORP - 1800- GOT-JUNK ACCT# 1273	-			Truck with Dump Body	15	ON CALL		4
NOREAST SERVICES MBW CORP - 1800- GOT-JUNK ACCT# 1273				Truck with Dump Body	15	ON CALL	-	5
NOREAST SERVICES MBW CORP - 1800- GOT-JUNK ACCT# 1273				Truck with Dump Body	15	ON CALL		18





This certificate is presented to

NOREAST SERVICES MBW CORP.

This document hereby confirms your report has been filed to the Financial Crimes Enforcement Network (FINCEN) with the information you provided. You are now in compliance with FINCEN and your BOIR has been successfully submitted.

2000-0193-1665 FINCEN ID



09/05/2024

Date



ENDORSEMENTS AND LIMITATIONS

This passport is valid for all countries unless otherwise specified. The bearer must comply with any visa or other entry regulations of the countries to be visited.

SEE OBSERVATIONS BEGINNING ON PAGE 5 (IF APPLICABLE)



MENTIONS ET RESTRICTIONS

Ce passeport est valable pour tous les pays, sauf indication contraire. Le titulaire doit se conformer aux formalités relatives aux visas ou aux autres formalités d'entrée des pays où il a l'intention de se rendre.

VOIR LES OBSERVATIONS DÉBUTANT À LA PAGE 5 (LE CAS ÉCHÉANT)

9

01

0

Both

Signature of bearer - Signature du titulaire



7 4 9 9 6 6 5 -

PASSPORT





FINDON NO. INC. INC.

Type/Type

Issuing Country/Pays emetteur

CAN

Sumama/Nom

WHITMORE

Given names/Prénoms

BRADLEY MARK

Nationality/Nationalité

CANADIAN/CANADIENNE

Date of birth/Date de naissance

OZ JAN /JAN 7

Sex/Sexe Place of birth/Lieu on naisson

M REGINA CAN
Date of issue/Date de délivrance

04 MAR /MARS 24

Date of expiry/Date d'expiration

04 MAR /MARS 34

Issuing Authority/Autorité de délivrance

SAINT-LAURENT

P<CANWHITMORE<<BRADLEY<MARK<<<<<<<<><<<<><<<<>AY996621<5CAN7601026M3403048<<<<<<<<



PASSPORT



-0-

Type/Type lessing Country/Pays émelleur
P CAN
Sumame/Nom

AK479851



Nationality/Nationalité

CANADIAN/CANADIENNE

Date of birth/Date de naissence

17 JAN / JAN / 72
Sex/Sexe Place of birtly/Lieu de naissance

M MARKLAND CAN

Date of issue/Date de délivrance

15 NOV /NOV 19

Date of expiry/Date d'expiration

15 NOV /NOV 29 Issuing Authority/Autorité de délivrance

SURREY



AFFIDAVIT SUPPORTING RENEWAL OF NONEXCLUSIVE FRANCHISE TO COLLECT, REMOVE, AND TRANSPORT COMMERCIAL SOLID WASTE WITHIN POLK COUNTY

STATE OF FLORIDA

COUNTY O	F_POLK					
Bradley Wl	the undersigned notary public authorized to administer oaths, personally appeared hitmore who, first being duly sworn, on oath deposes and states, as					
follows: 1)	He isOwner and Vice President, aC corporation.					
2)	He has personal knowledge of the facts stated in this Affidavit and that all such facts are true and correct.					
3)	There are no unsatisfied judgments entered against _NorEast Services MBW Corp					
4)	There are no liens of record filed by the Internal Revenue Service againstNorEast Services MBW Corp					
5)	There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against _NorEast Services MBW Corp					
6) _Bradley Whitmore acknowledges and consents that the County shall the right to inspectNorEast Services MBW Corp vehicles, containers, compactors, a other equipment at any time.						
7)	During the time of the existing Commercial Franchise, NorEast Services MBW Corphas complied with all of the requirements stated in the Polk County Ordinance 13-069 and with all other applicable laws, and if awarded a renewal term of 1 Year will continue to comply with the same.					
Further the aff	fiant sayeth not.					
Dated	the 2nd day of October , 2025 ,					
The foregoing	Sworn Person Signature BRADLEY MARK WHITMORE Printed Name and Title of Sworn Person act was an online notarization. instrument was sworn (or affirmed) and subscribed before me this 2nd day of , 2025, by BRADLEY MARK WHITMORE, who is either □ personally known to me; or □					
	Canada Passport as identification.					
Nota Co	CAROLINA HENDERSON ry Public - State of Florida pormission # HH 323216 pormis. Expires Feb 17, 2027 Carolina Henderson Distribution Notary Public Signature Carolina Henderson					
	ared by online notarization and cation via OnlineNotary.us Printed Name of Notary Public HH 323216					
(AFFIX NOT	ORIAL SEAL) Notary Commission Number/Expiration					

INDEMNITY

Bradley Whitmore

WHEDEAS THE UNDERSIGNED Bradley Whitmore	
WHEREAS, THE UNDERSIGNED (the "Undersigned"), is the Owner and Vice President of NorEast Services MBW Corp	
(the "company "), a,	
WHEREAS, the BradleyWhitmore , is herewith submitting an application to	
Polk County, a political subdivision of the State of Florida, (the "County") for the grant, renewal, or modification of a non-exclusive commercial franchise (a "Commercial Franchise") to collect, remove and transport commercial solid waste within the geographic areas of Polk County; and	
WHEREAS, the Commercial Franchise application process is described in Polk County Ordinance 13-069 (the "Ordinance") and requires, among other matters, that an applicant indemnify the County from and against any loss which may result from the applicant, its employees, subcontractors, and agents, failure to perform in accordance with the terms of the awarded Commercial Franchise and the terms of the Ordinance; and	
WHEREAS, the Undersigned is duly authorized to execute this instrument by and on behalf of theNorEast Services MBW Corp	
NOW, THEREFORE, in consideration of the benefits accruing to the	V Corp
Carolina Henderson	
State of Florida [Printed Name, Title] [Printed Name, Title]	
AFFIX NOTORIAL SEAL	
Sworn to (or affirmed) and subscribed before me by means of online notarization this 2nd day of Oc 2025 by BRADLEY MARK WHITMORE.	ober
Notary Public - State of Florida Commission # HH 323216 My Comm. Expires Feb 17, 2027	
Signature of Notary Public-State of Florida Signer personally appeared by online notarization and produced identification via OnlineNotary.us	
Name of Notary: Carolina Henderson Personally Known OR Produced IdentificationX INDEMNITYCOMM LICENSE APP 032014 - 2.DOCX	
Canada Passport Type of Identification Produced:	

Thank you for your payment

Confirmation # 183453869

Date Thursday, October 2, 2025, 2:22:50 PM US Eastern

Time

Total Amount \$773.15

Paid with VISA account ending in 2014

Customer Information Michael Baldwin

brad.whitmore@1800gotjunk.com

(514) 299-9685

Transaction Details

Bill Type	Details		Amount
License Renewal	Company Name: NorEast Ticket or Invoice Number		\$750.00
		Sub Total	\$750.00
		Convenience Fee	\$23.15
		Total	\$773.15

CONVENIENCE FEE

Your agency has partnered with a third party service provider to provide you with convenient online payment services via credit card debit card or electronic check payments. IN ORDER TO USE THIS SERVICE YOU MAY HAVE TO PAY A NON-REFUNDABLE CONVENIENCE FEE IN ADDITION TO THE AMOUNT(S) OWED TO YOUR PAYEE. Please note that the service provider (not your Payee) will appear as the merchant of record next to your payment on your bank or credit card statement.

ACCESSIBILITY

This service is accessible through the Internet. In order to use this service you will need a personal computer access to the Internet with an Internet service provider and a web browser which supports this service.

ACCURACY OF YOUR INFORMATION AND BILLING; COMPLETION OF PAYMENT

You are solely responsible for providing accurate and complete information to use this service and for

Thank you for your payment!

This service has been provided by Polk County BoCC - Solid Waste, FL and Point & Pay. We value your business. Please keep this receipt for future reference.

You have made a payment to Polk County BoCC - Solid Waste, FL . The Polk County BoCC - Solid Waste department Thanks You For Your Payment. Credit Card Services provided by Polk County BoCC - Solid Waste department are in connection with POINT & PAY.

Name:

Michael Baldwin

Address:

3535 Reynolds Road, Lakeland FL, US, 33803

Contact:

5142999685

Comments:

Payment ID:

183453869

Date:

10/02/25 02:22 PM

Subtotal:

\$750.00 \$23.15

Fee: Total:

\$773.15

Method:

Credit Card(*********2014)

Item Purchased	Transaction Description	Account	Amount	
License Renewal	CTYPolkWsteGOV	00000	\$750.00	

Signature:				Date	:	<i></i>	
_							

By signing this receipt you agree to the terms and conditions of this service.

You will see one line item on your credit or debit card statement indicating the amount you paid and will be identified as CTYPolkWsteGOV. If you have any questions about the charges please call 1-888-891-6064.

Print Receipt Close Window