

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90054 001 ***150.00

DOCUMENT # F97000002522
 1. Entity Name
FLORIDA RECYCLING SERVICES, INC.

Principal Place of Business 925 S. CLYDE MORRIS BLVD. DAYTONA BEACH FL 32114	Mailing Address 925 S. CLYDE MORRIS BLVD. DAYTONA BEACH FL 32114-5724
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2. Principal Place of Business 1099 Miller Drive	3. Mailing Address 1099 Miller Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Altamonte Springs, FL	City & State Altamonte Springs, FL	4. FEI Number 65-0735186	Applied For <input type="checkbox"/> Not Applicable
Zip 32701	Country U.S.A.	Zip 32701	Country U.S.A.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
VIHLEEN, SID III
1173 S. SPRING CENTER SOUTH BLVD.
STE. C
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent
 Name
Vihlen & Sills, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
1173 Spring Centre South Blvd.
Suite C
 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.

SIGNATURE *Vihlen & Sills, P.A.*
Sidney L. Vihlen, Pres. **4/24/00**
 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

TITLE PST	NAME WARD, FRANK M SR	<input type="checkbox"/> Delete
STREET ADDRESS 2401 SO LAFLIN	CITY-ST-ZIP CHICAGO IL 60608	
TITLE VP	NAME WARD, GEORGE	<input type="checkbox"/> Delete
STREET ADDRESS 2401 SO LAFLIN	CITY-ST-ZIP CHICAGO IL 60608	
TITLE VP	NAME WARD, FRANK JR	<input type="checkbox"/> Delete
STREET ADDRESS 2401 SO LAFLIN	CITY-ST-ZIP CHICAGO IL 60608	
TITLE AS	NAME CHORPASH, MICHAEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2401 SO LAFLIN	CITY-ST-ZIP CHICAGO IL 60608	
TITLE AS	NAME VIHLEN, SIDNEY L	<input type="checkbox"/> Delete
STREET ADDRESS 1173 SPRING CENTRE SOUTH BLVD STE C	CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P	NAME Ward, Frank M. Sr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2401 South Laflin	CITY-ST-ZIP Chicago, Illinois 60608	
TITLE ST	NAME Ward, George	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2401 South Laflin	CITY-ST-ZIP Chicago, Illinois 60608	
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	

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: *Sidney L. Vihlen, III*
Assistant Secretary **4/24/00** **407 786-2200**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)