

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-27-2000 90054 001 ***150.00



DO NOT WRITE IN THIS SPACE

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

Principal Place of Business Mailing Address
925 S. CLYDE MORRIS BLVD. DAYTONA BEACH FL 32114 **925 S. CLYDE MORRIS BLVD. DAYTONA BEACH FL 32114-5724**

2. Principal Place of Business 3. Mailing Address
1099 Miller Drive **1099 Miller Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Altamonte Springs, FL **Altamonte Springs, FL**
 Zip Country Zip Country
32701 U.S.A. **32701 U.S.A.**

4. FEI Number **65-0735186** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ward, Frank M. Sr. 2401 South Laflin Chicago, Illinois 60608	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Ward, George 2401 South Laflin Chicago, Illinois 60608	<input checked="" 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: *Sidney L. Vihlen, III* **4/24/00** **407 786-2200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)