

2001 UNIFORM BUSINESS REPORT (UBR)

0014039 AF

DOCUMENT # L00000002458

1. Entity Name
ODUM'S VEGETATION RECYCLING & NURSERY, L.C.

FILED

01 APR 30 PM 6:19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**6823 VISTA PKWY N.
 WEST PALM BEACH FL 33411**

Mailing Address
**6823 VISTA PKWY N.
 WEST PALM BEACH FL 33411**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0992904

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEINE, CHRIS A
 6823 VISTA PKWY, N.
 WEST PALM BEACH FL 33411**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **General Partner** Delete
 NAME **P. W. Odum, Jr.**
 STREET ADDRESS **9919 Pioneer Road**
 CITY-ST-ZIP **West Palm Beach, FL 33411**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Limited Partner** Delete
 NAME **Chris A. Heine**
 STREET ADDRESS **6828 Vista Parkway North**
 CITY-ST-ZIP **West Palm Beach, FL 33411**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Chris A. Heine

4/26/01

561-684-7500
 Ext. 212

CR2E083 (11/00)