

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0028256

DOCUMENT # L00000002458

1. Entity Name

ODUM'S VEGETATION RECYCLING & NURSERY, L.C.



FILED

03 APR 28 AM 8:28

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4/28

CHECK HERE IF MAKING CHANGES

RAJH

4. FEI Number 65-0992904

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Cheryl Y. Perry
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 Cheryl Y. Perry DATE 4/17/03
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ODUM, P.W. JR 9919 PIONEER ROAD WEST PALM BEACH FL 33411 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HEINE, CHRIS A 6828 VISTA PARKWAY NORTH WEST PALM BEACH FL 33411 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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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 DATE: 4/17/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)