## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 22, 2002 8:00 am<sup>§</sup> Secretary of State DOCUMENT # L9900005865 05-22-2002 90268 043 \*\*\*\*50.00 OCALA RECYCLING, L.L.C. Principal Place of Business Mailing Address 2350 N.W. 27TH AVE. 2350 N.W. 27TH AVE. OCALA FL 34475 OCALA FL 34475 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number City & State City & State Applied, For 59-3598319 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired .Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZALAK, CARL Street Address (P.O. Box Number is Not Acceptable) 3240 SW 34TH STREET, SUITE 501 OCALA FL 34474 City 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 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 Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. CR2E083 (9/01) Addition Change TITLE TITLE Delete NAME NAME ZALAK, CARL STREET ADDRESS STREET ADDRESS 3240 SW 34TH STREET, SUITE 501 CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34474 TITLE ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-LIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATION

5/1/0 2 352-875 4298
Date Daytime Phone #

**FILED**