

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90038 002 ***150.00

DOCUMENT # P99000005514

1. Entity Name

PENSACOLA RECYCLING INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3185 NEWTON DRIVE

Suite, Apt. #, etc.

3. Mailing Address

3185 NEWTON DRIVE

Suite, Apt. #, etc.

City & State

PENSACOLA, FL 32503

Zip

Country

City & State

PENSACOLA, FL 32503

Zip

Country

4. FEI Number

59-3552918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

WATSON, FRANK H III

Street Address (P.O. Box Number is Not Acceptable)

3185 NEWTON DRIVE

City

PENSACOLA

FL

Zip Code
32503

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: The person's Agent signature is required when changing agent.)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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
WATSON, FRANK H III
3185 NEWTON DRIVE
PENSACOLA, FL 32503

TITLE
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. 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 treasurer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other filers empowered.

SIGNATURE:

Frank H Watson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 8, 2002

Date

Daytime Phone #

CRZE034B (12/01)