

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 171867

1. Entity Name

GULF COAST RECYCLING, INC.

Principal Place of Business

1901 NORTH 66TH STREET
TAMPA FL 33619

Mailing Address

1901 NORTH 66TH STREET
TAMPA FL 33619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0690405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSSOW, KAY
1901 N 66TH ST
TAMPA FL 33619

7. Name and Address of New Registered Agent

Name

TAMMIE THOMPSON

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

1901 N. 66th ST

City

TAMPA

FL

Zip Code

33619

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

Tammie Thompson

TAMMIE THOMPSON, CONTROLLER

1/30/01

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	AGUERO, CARLOS E	
STREET ADDRESS	186 N AVE E	
CITY-ST-ZIP	CRANFORD NJ 07016	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DRURY, MICHEAL J	
STREET ADDRESS	186 N AVE E	
CITY-ST-ZIP	CRANFORD NJ 07016	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	FINLAYSIN, ERIC W	
STREET ADDRESS	186 N AVE E	
CITY-ST-ZIP	CRANFORD NJ 07016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Eric W. Finlayson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-21-01

Daytime Phone #

908-

497-9610

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90338 003 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)