## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## 542718 DOCUMENT #

1. Entity Name

ATLANTIC COAST RECYCLING, INC.



## **FILED** Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90071 005 \*\*\*158.75

				<u>-</u>			_				_
Principal Plac 3301 AVENUE FT. PIERCE FI	D .	3	Mailing Address 3301 AVENUE D FT. PIERCE FL 34947-9584								
2. Principal F	Place of Busin	ess	3. Mailing Address								
Suite, Apt.		Logica	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
	te A	m. diviness he	بر. City & State		4. FEI Number 59-1759951			Applied For Not Applicable			
Zip	E None	Country	. Zip Coun		ntry	5. Certificate of Status Desired \$8.75 Fee Rec			Additional quired		
· ***	and Address of Current F	registered Agent		7. Name and Address of New Registered Agent							
HODNE L	JENDENT D	ID			Name						
3301 AVE			Street Addre			ss (P.O. Box Number is Not Acceptable)					
FT. PIERC	E FL 34947				City		<b>(</b>	-, l	Zip Cod	o	-
<u> </u>					1			L	•		_
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 .	Signature, typed o	or printed name of registered agent ar	nd title if applicable. (NOTI	: Registere	d Agent signature required	d when n	einstating) DAT	E	<del></del>	<del></del>	
<del>*************************************</del>	II E NOWIII	FEE IS \$150.00									┤
After	3 Fee will be \$550.00				9. Election Campaign Financing		\$5.0	May Be	1		
		Florida Department of	State				Trust Fund Contribution.	Ш	Added	to Fees	
10.		OFFICERS AND D	DIRECTORS	11.		AE	L DDITIONS/CHANGES TO OFFICERS A	ND DII	RECTOR!	S IN 11	┨
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	HORNE, JOHN E			NAM	E				•	_	E034 (10/02
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CITY-ST-ZIP					T ADDRESS ST-ZIP					•	
12. I hereby c	ertify that the	information supplied with the	his filing does not qualify for	the ever	notion stated in So	otion :	119.07(3)(i), Florida Statutes. I further o	meste . c	hat the "	Josephi	
of the corp	on this report poration or the	or supplemental report is to receiver or trustee empow	rue and accurate and that m	v sionati	ure shall have the s	same i	119.07(3)(i), Florida Statutes. I further o egal effect as if made under oath; that da Statutes; and that my name appears	I am a	n officer a	or director	

SIGNATURE: