

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 758670

FILED
Apr 23, 2003
Secretary of State

Entity Name: RETARDED RECYCLERS, INC.

Current Principal Place of Business:

3215 OBERLIN AVE
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

3215 OBERLIN AVE
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-2193107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEACHA, DENNIS
3215 OBERLIN AVENUE
ORLANDO, FL 32804

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEACHA, DENNIS,
Address: 3215 OBERLIN AVENUE
City-St-Zip: ORLANDO, FL

Title: STD () Delete
Name: PEACHA, ALICE,
Address: 3215 OBERLIN AVENUE
City-St-Zip: ORLANDO, FL

Title: VD () Delete
Name: HARRISON, PENNY A.
Address: 1087 HERMAN AVENUE
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS PEACHA

PD

04/23/2003

Electronic Signature of Signing Officer or Director

_____ Date