

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 842889

1. Entity Name

SP RECYCLING CORPORATION

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90152 048 ***150.00

Principal Place of Business

1895 PHOENIX BLVD
STE 400
ATLANTA GA 30349
US

Mailing Address

1895 PHOENIX BLVD
STE 400
ATLANTA GA 30349
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1312936**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BURKE, JAMES L**
STREET ADDRESS **SHADDOCK CREEK ROAD**
CITY-ST-ZIP **DUBLIN GA**

TITLE ☒ Change ☐ Addition
NAME **One Crown Ctr, 1895 Phoenix Blvd, Suite 400**
STREET ADDRESS **Atlanta GA 30349**
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **FLETCHER, E. JAMES**
STREET ADDRESS **1800 PARKWAY PLACE #1020**
CITY-ST-ZIP **MARIETTA GA**

TITLE ☒ Change ☐ Addition
NAME **One Crown Center, 1895 Phoenix Blvd, Suite 400**
STREET ADDRESS **Atlanta, GA 30349**
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **GORMAN, JOSEPH R.**
STREET ADDRESS **SHADDOCK CREEK RD**
CITY-ST-ZIP **DUBLIN GA**

TITLE ☒ Change ☒ Addition
NAME **PRESIDENT, Director**
STREET ADDRESS **Thomas Hahn**
CITY-ST-ZIP **ONE CROWN CENTER, 1895 Phoenix Blvd, Suite 400**
Atlanta, GA 30349

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS **C. Glenn Giddens**
CITY-ST-ZIP **ONE CROWN CENTER, 1895 PHOENIX BLVD., SUITE 400**
Atlanta, GA 30349

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **Mark O. Carter**
CITY-ST-ZIP **ONE CROWN CENTER, 1895 PHOENIX BLVD., SUITE 400**
Atlanta, GA 30349

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

C. Glenn Giddens

C. Glenn Giddens

3/15/01

(770) 994-8093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)