## **2001 UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # A9600000705  1. Entity Name						F1) F				
AMERICAN ASH RECYCLING OF TENNESSEE, LTD.					FILED					
					01 HAR 27 PN 12: 24					
Principal Place of Business  6622 SOUTHPOINT DRIVE. SOUTH. SUITE 310  JACKSONVILLE FL 32216  Mailing Address  6622 SOUTHPOINT DRIVE.  JACKSONVILLE FL 32216					SECRETARY OF STATE					
			. South	i, suite 310	TALLAHASSEE, FLORIDA					
2. Principal Place of Business		Mailing Address			5 I MOTORI LUITO COLLO ARVIN COLLA CORRI COLLA C					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			69_1667E01				Applied For Not Applicable	e
Zip Country		ip	Cour	htry .	5. Certificate of Status Desired \$8.75 Addit Fee Required			dditional	7	
6. Name and Address of Current Registered Agent				I N	7. Name and	Address of New Regis	<u> </u>			_
INTRASTATE REGISTERED AGENT CORPORATION				Name						
701 BRICKELL AVE., SUITE 3000				Street Address	Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33131										٦
51				City			FL	Zip Co	ode	7
9. The above named entity submits this statem	ent for the pu	rpose of changing its	register	ed office or regist	ered agent, or both	, in the State of Florida.		L		7
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg				d Agent signature requir	ed when reinstating)	<del></del>	DATE	o ofot	OF OTITE	4
9. Capital Contributions as Shown on record. \$3,109,678.00 10. Amount of Capital in FLORIDA to date				DUTIONS	. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
A GENERAL PARTN NOTE: General Partners								er.		
12. GENERAL PARTNER INFORMATION				<del></del>	ADDRESS CHANGES ONLY					
				EET ADDRESS	#' ' a #	ന്നത്രിയ ക്രമ്മണ് ഇടിന്നു ജിന്ന് ക്ര	ـــــــــــــــــــــــــــــــــ	··	, see	15
TREET ADDRESS 6622 SOUTHPOINT DRIVE, SOUTH, SUITE 310 JACKSONVILLE FL 32216 OCUMENT /			CITY	-ST-ZIP						٤
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STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP						
14. I hereby certify that the information supplied indicated on this report is true and accurate the receiver or trustee empowered to execu-	d with this filing and that my	g does not qualify for signature shall have t	the exer	mption stated in Selegal effect as if	ection 119.07(3)(i), made under oath; t	Florida Statutes. I furth hat I am a General Part	er certify	that the	information partnership or	, [

SIGNATURE:



Ten 12, 2001 (904) 296-28