

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000001766

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: FLORIDA RECYCLING SERVICES, INC.

Current Principal Place of Business:

1099 MILLER DRIVE
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

1099 MILLER DRIVE
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 36-4246742 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIHLEN & SILLS, P.A.
ATTN: SIDNEY L. VIHLEN, III, PRESIDENT
1173 SPRING CENTRE SOUTH BLVD., SUITE C
ALTAMONTE SPRINGS, FL 32716 US

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: WARD, FRANK SR.
Address: 2401 SOUTH LAFLIN STREET
City-St-Zip: CHICAGO, IL 60608

Title: VD () Delete
Name: WARD, FRANK JR.
Address: 2401 SOUTH LAFLIN STREET
City-St-Zip: CHICAGO, IL 60608

Title: STD () Delete
Name: WARD, GEORGE M
Address: 2401 SOUTH LAFLIN STREET
City-St-Zip: CHICAGO, IL 60608

Title: AS () Delete
Name: CARMODY, MATTHEW J
Address: 10644 SOUTH WESTERN AVENUE
City-St-Zip: CHICAGO, IL 60643

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK WARD, JR.

VD

04/29/2002

Electronic Signature of Signing Officer or Director

_____ Date