

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90014 031 \*\*\*558.75

**DOCUMENT # F96000000754**

1. Entity Name

**BIOMASS PROCESSING TECHNOLOGY, INC.**

Principal Place of Business

Mailing Address

**12871 COMPTON ROAD  
 LOXAHATCHEE FL 33470**

**6877 VISTA PKWY NORTH  
 W PALM BCH FL 33411  
 US**

2. Principal Place of Business

3. Mailing Address

**6877 VISTA Parkway, N**  
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**West Palm Beach, FL**

Zip

Country

Zip

**33411**

**Palm Beach**

Country

4. FEI Number

**65-0638890.**

Applied For

Not Applicable

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

**DENNEY, LARRY W  
 12871 COMPTON RD  
 LOXAHATCHEE FL 33470**

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.)

(NOT)

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!**  
**After MAY 1, 2001**  
**Make Check Payable to Department of State**

**FEE IS \$150.00**  
**Fee will be \$550.00**

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 ☐ Delete  
 NAME **PCD**  
 STREET ADDRESS **DENNEY, LARRY W**  
 CITY-ST-ZIP **12871 COMPTON ROAD**  
**LOXAHATCHEE FL**

TITLE ☐ Change ☒ Addition  
 NAME **S**  
 STREET ADDRESS **Peggy J. Denney**  
 CITY-ST-ZIP **12871 Compton Rd.**  
**Loxahatchee, FL 33470**

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **SIMPSON, JACK B**  
 CITY-ST-ZIP **640 NW 73 TERRACE**  
**PLANTATION FL**

TITLE ☐ Change ☒ Addition  
 NAME **V**  
 STREET ADDRESS **Richard M. Schroeder**  
 CITY-ST-ZIP **4249 NW 56th Way**  
**Gainesville, FL 32606**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME **VSD**  
 STREET ADDRESS **Jack B. Simpson**  
 CITY-ST-ZIP **7139 Crystal Lake Dr.**  
**West Palm Beach, FL 33411**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  
 indicated on this report or supplemental report is true and accurate and that  
 of the corporation or the receiver or trustee empowered to execute this report  
 changed, or on an attachment with an address, with all other like empowered

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information  
 my signature shall have the same legal effect as if made under oath; that I am an officer or director  
 as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Larry W Denney** 5/31/01 561-684-6611

Date

Daytime Phone #

CR2E034 (10/00)