

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003838

1. Entity Name
REFRIGERANT RECLAIM SERVICES, INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90010 018 ***150.00

Principal Place of Business
121 SOUTH NORWOOD DRIVE
HURST TX 76053

Mailing Address
121 SOUTH NORWOOD DRIVE
HURST TX 76053

2. Principal Place of Business
3125 W. BOLT
Suite, Apt. #, etc.

3. Mailing Address
3125 W. BOLT
Suite, Apt. #, etc.

City & State
FT. WORTH, TX
Zip
76110

City & State
FT. WORTH, TX
Zip
76110

4. FEI Number 75-2392919

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 _____ (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

TITLE C
NAME CANNAN, GEORGE SR.
STREET ADDRESS 121 SOUTH NORWOOD DRIVE
CITY-ST-ZIP HURST TX 76053 ☐ Delete

TITLE VCPV
NAME BROWN, DARRELL
STREET ADDRESS 121 SOUTH NORWOOD DRIVE
CITY-ST-ZIP HURST TX 76053 ☐ Delete

TITLE ST
NAME BROWN, DARRELL
STREET ADDRESS 121 SOUTH NORWOOD DRIVE
CITY-ST-ZIP HURST TX 76053 ☐ Delete

TITLE P
NAME KEENER, DAVID A
STREET ADDRESS 121 SOUTH NORWOOD DRIVE
CITY-ST-ZIP HURST TX 76053 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: Darrell Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/01 817-753-8800
Date Daytime Phone #

CR2E034 (10/00)