

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90215 008 ***150.00

DOCUMENT # **L04593**

1. Entity Name
WASTE PAPER TECHNOLOGY, INC.



7001 0320 0006 0120 6442

Principal Place of Business
C/O DUANE E. RUTLEDGE
832 SUNSET VISTA DR.
FT. MYERS FL 33919

Mailing Address
C/O DUANE E. RUTLEDGE
832 SUNSET VISTA DR.
FT. MYERS FL 33919



2. Principal Place of Business
16520 S. Tamiami Trail #18-276

3. Mailing Address
16520 S. Tamiami Trail #18-276

Suite, Apt. #, etc.
#18-276

Suite, Apt. #, etc.
#18-276

☒ CHECK HERE IF MAKING CHANGES

City & State
Ft. Myers, FL 33908

City & State
Ft. Myers, FL 33908

4. FEI Number **65-0142433**

Applied For
Not Applicable

Zip
33908

Country
USA

Zip
33908

Country
USA

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

RUTLEDGE, DUANE E. stays the same
832 SUNSET VISTA DR.
FT. MYERS FL 33919

Name

same

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

16520 S. Tamiami Trail

#18-276

City

Ft. Myers,

FL

Zip Code
33908

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **Duane E. Rutledge** **Owner/Manager**

(NOTE: Registered Agent signature required when reinstating)

2/6/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Duane E. Rutledge**

2/6/03

239-267-1506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)