

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L12324

1. Entity Name

AIRPORT RECYCLING SPECIALISTS, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90011 021 ***150.00

Principal Place of Business

Mailing Address

AIRPORT RECYCLING SPECIALIST, INC
3551 SW 2ND AVE
FT. LAUDERDALE FL 33315
US

% DONALD J. DUERR
731 N.W. 93RD AVENUE
PEMBROKE PINES FL 33024-6332

XXXXXXXX



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0139678

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DUERR, DONALD J.
731 N.W. 93RD AVENUE
PEMBROKE PINES FL 33024

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.

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME
DUERR, DONALD J.
STREET ADDRESS
731 NW 93RD AVE
CITY-ST-ZIP
PEMBROKE PINES FL

TITLE ☐ Delete

NAME
DUERR, CAROLE A.
STREET ADDRESS
731 NW 93RD AVE
CITY-ST-ZIP
PEMBROKE PINES FL

TITLE ☐ Delete

NAME
DUERR, DAVID A.
STREET ADDRESS
731 NW 93RD AVE
CITY-ST-ZIP
PEMBROKE PINES FL

TITLE ☐ Delete

NAME
[REDACTED]
STREET ADDRESS
[REDACTED]
CITY-ST-ZIP
[REDACTED]

TITLE ☐ Delete

NAME
[REDACTED]
STREET ADDRESS
[REDACTED]
CITY-ST-ZIP
[REDACTED]

TITLE ☐ Delete

NAME
[REDACTED]
STREET ADDRESS
[REDACTED]
CITY-ST-ZIP
[REDACTED]

TITLE ☐ Change ☐ Addition

NAME
[REDACTED]
STREET ADDRESS
[REDACTED]
CITY-ST-ZIP
[REDACTED]

TITLE ☐ Change ☐ Addition

NAME
[REDACTED]
STREET ADDRESS
[REDACTED]
CITY-ST-ZIP
[REDACTED]

TITLE ☐ Change ☐ Addition

NAME
[REDACTED]
STREET ADDRESS
[REDACTED]
CITY-ST-ZIP
[REDACTED]

TITLE ☐ Change ☒ Addition

NAME
DIRECTOR
DONALD JEFFREY DUERR
205 S. 30 ST #A-35
CITY-ST-ZIP
LARAMIE WYOMING 82070

TITLE ☐ Change ☒ Addition

NAME
DIRECTOR
KATHLEEN SNOW
334 JUSTIN DR
CITY-ST-ZIP
WOODSTOCK, GEORGIA 30188

TITLE ☐ Change ☐ Addition

NAME
[REDACTED]
STREET ADDRESS
[REDACTED]
CITY-ST-ZIP
[REDACTED]

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:

Donald J. Duerr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD J. DUERR
PRESIDENT

April 03, 2000 954 432 9515
Date Daytime Phone #

CR2E034 (9/99)