

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90244 018 \*\*\*150.00

**DOCUMENT # L12324**  
 1. Entity Name  
**AIRPORT RECYCLING SPECIALISTS, INC.**

Principal Place of Business      Mailing Address  
**AIRPORT RECYCLING SPECIALIST, INC**      **% DONALD J. DUERR**  
**3551 SW 2ND AVE**      **731 N.W. 93RD AVENUE**  
**FT. LAUDERDALE FL 33315**      **PEMBROKE PINES FL 33024-6332**  
**US**

**C0019783**



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

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DUERR, DONALD J.</b> <b>731 NW 93RD AVE</b> <b>PEMBROKE PINES FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>DUERR, CAROLE A.</b> <b>731 NW 93RD AVE</b> <b>PEMBROKE PINES FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DUERR, DAVID A.</b> <b>731 NW 93RD AVE</b> <b>PEMBROKE PINES FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DUERR, DONALD J</b> <b>205 S 30TH ST #A-35</b> <b>LARAMIE WY 82070</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SNOW, KATHLEEN</b> <b>334 DUSTIN DR</b> <b>WOODSTOCK GA 30188</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DUERR, Donald J</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Carole A Duerr, Sec.      Date: 2/7/01      Daytime Phone #: 954-432-9515  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)