

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90004 011 ***150.00

DOCUMENT # L12324

1. Entity Name
AIRPORT RECYCLING SPECIALISTS, INC.

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0139678**

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	PRESIDENT- SECRETARY TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD J. DUERR
STREET ADDRESS	731 N.W. 93 AVE.
CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Donald J. Duerr **DONALD J. DUERR** 1/10/02 954 432 9515

CR2E034 (9/01)