

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -5 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L990000000017

1. Entity Name

NANTEX RECYCLING, L.L.C.

Principal Place of Business

525 WOODVIEW DRIVE
LONGWOOD FL 32779

Mailing Address

525 WOODVIEW DRIVE
LONGWOOD FL 32779-2605



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

175 W Sabal Palm PL

3. Mailing Address

175 W Sabal Palm Pl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood FL

City & State

Longwood FL

4. FEI Number

59-3549430

Applied For

Not Applicable

Zip

32779

Country

USA

Zip

32779

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEFKOWITZ, IVAN M
430 NORTH MILLS AVENUE
ORLANDO FL 32803

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME TAYLOR, NANCY
STREET ADDRESS P.O. BOX 320681
CITY-ST-ZIP COCOA BEACH FL 32932-0681

TITLE MGR ☐ Delete
NAME TAYLOR, LEE
STREET ADDRESS 525 WOODVIEW DRIVE
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Stephen M. Jolly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/28/00

Date

407 252 9511

Daytime Phone #

CR2E083 (9/99)