

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # L990000000089

1. Entity Name
TREBOR RESOURCE RECOVERY, L.L.C.

00 APR -6 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]



Principal Place of Business
8553-1 ARGYLE BUSINESS LOOP
JACKSONVILLE FL 32244

Mailing Address
8553-1 ARGYLE BUSINESS LOOP
JACKSONVILLE FL 32244-6604

2. Principal Place of Business
8563-2 Argyle Business Loop

3. Mailing Address
8563-2 Argyle Business Loop

Suite, Apt. #, etc.

City & State
Jacksonville, FL

Zip
32244

Country
USA

4. FEI Number
52-2131627

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARVER, ROBERT M
3932 HEAVENSIDE COURT
ORANGE PARK FL 32073

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 *Robert M. Carver* MANAGING MEMBER ROBERT M. CARVER 4/4/00
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

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM			
	CARVER, ROBERT M	3932 HEAVENSIDE COURT	ORANGE PARK FL 32073	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *Robert M. Carver* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER 4/4/00 DATE 904-777-8400 DAYTIME PHONE #

CR2E083 (9/99)