2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # M76721** Jan 25, 2000 8:00 am **Secretary of State** SOUTHERN RECYCLING SERVICE, INC. 01-25-2000 90031 005 ***150.00 Principal Place of Business Mailing Address % LEON B. FRIEDMAN % LEON B. FRIEDMAN 1357 AENON CHURCH RD 1357 AENON CHURCH RD TALLAHASSEE FL 32304 TALLAHASSEE FL 32304-9294 C0009396 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOIS FRIEDMAN FRIEDMAN, LEON B Street Address (P.O. Box Number is Not Acceptable) 1351 AENON CHURCH RD. 1351 AENON CHURCH RD TALLAHASSEE FL 32304 TALLAHASSEE, FL 32304 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 LEON FRIEDMAN IS DECEASED SIGNATURDATE OF DEATH 7-30-1999 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CEO ☐ Change Addition XX Delete TITLE FRIEDMAN, LOIS K. FREIDMAN, LEON B. NAME 1351 AENON CHURCH RD STREET ADDRESS STREET ADDRESS 1351 AENON CHURCH RD. CITY-ST-ZIP TALLAHASSEE FL 32304 CITY-ST-ZIP TALLAHASSEE, FL 32304 Addition TITLE Change TITLE ☐ Delete PRES. FREIDMAN, LOIS K. NAME NAME FRIEDMAN, MARC D. 1351 AENON CHURCH RD STREET ADDRESS STREET ADDRESS 1351 AENON CHURCH RD. CITY-ST-ZIP CITY-ST-7IP TALLAHASSEE FL 32304 TALLAHASSEE, FL 32304 ☐ Change ☐ Addition TITLE Delete TITLE FRIEDMAN, MARC D NAME NAME STREET ADDRESS 1351 AENON CHURCH RD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32304 CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 対対応対応します。 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

LOIS K. FRIEDMAN

SIGNATURE

SIGNATURE

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date