2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 19, 2001 8:00 am Secretary of State DOCUMENT# M76721 1. Entity Name SOUTHERN RECYCLING SERVICE, INC. 03-19-2001 90004 017 ***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 2. Principal Place of Business 3. Mailing Address Griedman 120 Min DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired e00 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRIEDMAN, LEON B 1351 AENON CHURCH RD TALLAHASSEE FL 32304 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. SIGNATURÈ FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Œ CR2E034 (10/00) Change ☐ Addition **CEO** Delete TITLE TITLE marc Dfriedma NAME FRIEDMAN, LOIS K STREET ADDRESS STREET ADDRESS 1351 AENON CHURCH RD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32304 Addition ☐ Delete Change TITLE TITLE ck Davice NAME NAMÉ FRIEDMAN, MARC D 51 Arnon Church STREET ADDRESS STREET ADDRESS 1351 AENON CHURCH RD CITY-ST-ZIP CITY-ST-ZIP TAUAHASIER TALLAHASSEE FL 32304 Addition Delete treasurer Change TITLE TITLE Printe Gingen NAME NAME FRIEDMAN, MARC D STREET ADDRESS STREET ADDRESS 1351 AENON CHURCH RD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32304 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 OF DIRECTOR

3150

575.5000