

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M76966

1. Entity Name

POLYCYCLE INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90076 015 ***150.00

Principal Place of Business

1300 MEYLERT AVE.
SCRANTON PA 18509
US

Mailing Address

P.O. BOX 2021
SCRANTON PA 18501-2021
US

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

23-2526192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAWKINS, JOHN T
124 SIXTH STREET SOUTH
UNIT 19
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

HAWKINS, JOHN T

Street Address (P.O. Box Number is Not Acceptable)

469 2ND AVE N.

City

ST. PETERSBURG

FL

Zip Code

33701

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD
NAME LYNCH, MICHAEL T.
STREET ADDRESS 1300 MEYLERT AVE.
CITY-ST-ZIP SCRANTON PA

☐ Delete

TITLE TS
NAME GAVIGAN, JAMES M
STREET ADDRESS 1300 MEYLERT AVE
CITY-ST-ZIP SCRANTON PA 18509

☐ Delete

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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: James M. Garrison / James M. Garrison 3/30/00 (570) 343-7921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)