

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # M95000000107**

1. Entity Name

**AUTO SHRED RECYCLING, L.L.C., LIMITED COMPANY**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 22 AM 10: 02

Principal Place of Business

ATTN: JOSEPH R. BOYD. ESQ.  
4801 FLORIDA AVENUE  
NEW ORLEANS LA 70117

Mailing Address

ATTN: JOSEPH R. BOYD. ESQ.  
4801 FLORIDA AVENUE  
NEW ORLEANS LA 70117

2. Principal Place of Business

ATTN: Matthew A. Ehrlicher

3. Mailing Address

ATTN: Matthew A. Ehrlicher

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

72-1286494

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHWENKE, ROGER D ATTY.  
ONE HARBOUR PLACE  
777 S. HARBOUR ISLAND DRIVE  
TAMPA FL 33601

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SOUTHERN RECYCLING, L.L.C.  
4801 FLORIDA AVENUE  
NEW ORLEANS LA 70117 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
100003384531--3  
-09/06/00--01112--006  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

(504) 942-0539

CR2E083 (5/00)