Daytime Phone #

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # N0000000074 Apr 30, 2001 8:00 am Secretary of State 1. Entity Name THE ARC RECYCLING GROUP, INC. 04-30-2001 90366 002 \*\*\*\*61.25 Principal Place of Business Mailing Address 4913 WHALERS WAY 4913 WHALERS WAY ORLANDO FL 32822 ORLANDO FL 32822 3. Mailing Address 2. Principal Place of Business 21390 NW94 21390 NW9 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE suite City & State City & State 4. FEI Number Applied For 59-3642383 MIGM ami Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 33 3 316 Dad Dat Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SWAIN, JEANNE L Street Address (P.O. Box Number is Not Acceptable) 4913 WHALERS WAY ORLANDO FL 32822 City 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, typed or printed name of registered agent and title if applicable FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME SWAIN, JEANNE L Juain, Jeanne NAME STREET ADDRESS STREET ADDRESS 2/390 NW GUL 4913 WHALERS WAY CITY-ST-78P CITY-ST-ZIP ORLANDO FL 32822 TITLE ☐ Delete ☐ Addition NAME SWAIN, STANLEY G STREET ADDRESS 4913 WHALERS WAY STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32822 TITLE FOD ☐ Delete TITLE Addition Callaway -NAME CALLAWAY, SALEENAH STREET ADDRESS 4913 WHALERS WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32822 THE DP ☐ Delete ☐ Change Addition NAME ALIM EL, ABDUL NAME STREET ADDRESS STREET ADDRESS 4913 WHALERS WAY CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32822 TITLE **PMD** Delete TITLE Change Addition NAME WILLIAMS, WAYNE NAME STREET ADDRESS STREET ADDRESS 4913 WHALERS WAY CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32822 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST- 78P CITY-ST-ZIP 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.