

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000004579

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: RECYCLING TASK FORCE OF HILLSBOROUGH COUNTY, INC.

Current Principal Place of Business:

601 E KENNEDY BLVD, 24TH FLOOR
TAMPA, FL 33601

New Principal Place of Business:

Current Mailing Address:

601 E KENNEDY BLVD, 24TH FLOOR
TAMPA, FL 33601

New Mailing Address:

FEI Number: 59-3660899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNAMARA, THOMAS P
2909 BAY TO BAY BLVD, STE 309
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MURPHY, MICHAEL
Address: 601 E KENNEDY BLVD, 24TH FLOOR
City-St-Zip: TAMPA, FL 33601

Title: DST () Delete
Name: PERUCKI, KAREN E
Address: 4606 RIDGECLIFF DRIVE
City-St-Zip: BRANDON, FL 33511

Title: DP () Delete
Name: HEINEKEN, BARBARA
Address: 4010 W SPRUCE ST
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: POWERS, MATT
Address: 702 N FRANKLIN ST
City-St-Zip: TAMPA, FL 336010111

Title: DV () Delete
Name: SHOEMAKER, TOM
Address: 6210 N 53RD ST
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: OLSON, CANDY
Address: 901 E KENNEDY BLVD
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DOYLE, MICHAEL W
Address: 2502 N ROCKY POINT DR, SUITE 960
City-St-Zip: TAMPA, FL 33607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MURPHY

D

05/01/2002

Electronic Signature of Signing Officer or Director

Date