2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34984

1. Entity Name

THE RECYCLES ORCHESTRA, INC.

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90396 011 ****70.00

Principal Place of Business	Mailing Address
% JOHN L. JOHNSON 3253 HIDDEN LAKE DR E JACKSONVILLE FL 32216	% JOHN L. JOHNSON 3253 HIDDEN LAKE DR E JACKSONVILLE FL 32216-1131

DO NOT WRITE IN THIS SPACE

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 59-2979710 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, JOHN L. 3253 HIDDEN LAKE DR E JACKSONVILLE FL 32216	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 $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BYLES, JOE 8559 MALAGA AVE JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT JOHNSON, JOHN 3253 HIDDEN LAKE DR, E JACKSONVILLE FL. 32216	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, C.S. 3172 GREEN ARGON DR JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARNOT, GEORGE 56 EAST 61st ST. APT 2 JACKSONVILLE FL 32208	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KINGSWORTH, KEN 1604 REBECCA CT JACKSONVILLE FL 32259	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVELYN SOLES 8000 BAYMEADOWS CIR. E. JACKSONVILLE, FL. 32256	☐ Change X ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS CHESNEY, PAT 3242 GLENOYNE DR. W JACKSONVILLE FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SHIELDS, C. BURK 7731 ARANCIO DR. JACKSONVILLE FL 32244	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DP~~ ~~BURK S. SHIELDS~~ ~~7731 ARANCIO DR.~~ ~~JACKSONVILLE FL 32244~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP SOFGE, J,T.JR. 4235 ALESBURY DR. ~~JACKSONVILLE FL 3224~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DVP~~ ~~J,T.SOFGE,JR~~ ~~4235 ALESBURY DR.~~ ~~JACKSONVILLE FL 32224~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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.

SIGNATURE: John L. Johnson SIGNATURE REQUIRED JOHN L. JOHNSON 4/14/00 904-737-9764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #