2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
04-05-2001 90085 027 ****70.00

DOCUMENT # N34984

1. Entity Name

THE RECYCLES ORCHESTRA, INC.

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

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

JOHNSON, JOHN L.
3253 HIDDEN LAKE DR E
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

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	DT JOHNSON, JOHN 3253 HIDDEN LAKE DR EAST JACKSONVILLE FL 32216	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP C.S. ANDERSON 3177 GREEN ARBOR PL JACKSONVILLE, FL. 32277	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARNOT, GEORGE 56 E 61ST ST APT 2 JACKSONVILLE FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D.VP J.T. SORGE, JR. 4135 SALISBURY DR. JACKSONVILLE, FL. 32277	☐ 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 FRANK CALLENDER 1467 PINE GROVE AVE JACKSONVILLE, FL. 32205	☐ Change ☑ 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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOLES, EVELYN 8000 BAYMEADOWS CIR EAST JACKSONVILLE FL 32256	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SHIELDS, C B 7731 ARANCIO DR JACKSONVILLE FL 32244	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: C.S. ANDERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #