

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90456 045 ****70.00

DOCUMENT # N49667

1. Entity Name

CHRISTIAN CHARITY RECYCLERS, INC.

Principal Place of Business

Mailing Address

**1124 W. WASHINGTON ST.
 ORLANDO FL 32805**

**1124 W. WASHINGTON ST.
 ORLANDO FL 32805**

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

59-3153081

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEWELL, WILLIAM
 1124 W. WASHINGTON ST.
 ORLANDO FL 32805**

Name

E. A. KERSTEN, JR.

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

E. A. KERSTEN, JR.

6/11/02

Signature, typed or printed name of registered agent and not 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 **D** ☒ Delete
 NAME **SEWELL, ROBERT D**
 STREET ADDRESS **720 MOUNT VERNON ST**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **P** ☐ Change ☒ Addition
 NAME **E. A. KERSTEN, JR.**
 STREET ADDRESS **1124 W. WASHINGTON ST.**
 CITY-ST-ZIP **ORLANDO, FL 32805**

TITLE **P** ☒ Delete
 NAME **SEWELL, WILLIAM**
 STREET ADDRESS **720 MOUNT VERNON ST**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **RICHARD M. KERSTEN**
 STREET ADDRESS **1124 W. WASHINGTON ST.**
 CITY-ST-ZIP **ORLANDO, FL 32805**

TITLE **D** ☒ Delete
 NAME **SEWELL, JANE**
 STREET ADDRESS **720 MOUNT VERNON STREET**
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **D** ☐ Change ☒ Addition
 NAME **CHRISTOPHER A. KERSTEN**
 STREET ADDRESS **1124 W. WASHINGTON ST.**
 CITY-ST-ZIP **ORLANDO, FL 32805**

TITLE **D** ☒ Delete
 NAME **BEACH, LORIE**
 STREET ADDRESS **4159 JOHNS COURT**
 CITY-ST-ZIP **ORLANDO FL 32822**

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

TITLE **D** ☒ Delete
 NAME **BERRY, FRANCES E.**
 STREET ADDRESS **1721 SOUTH ST.**
 CITY-ST-ZIP **ORLANDO FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

SIGNATURE REQUIRED

6/11/02

407-481-0453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)