2002 UNIFORM BUSINESS REPORT (UBR)

May 23, 2002 8:00 am Secretary of State DOCUMENT # N98000006463 1. Entity Name 05-23-2002 90055 028 ****61.25 REUSABLE RESOURCES ASSOCIATION, INC. Principal Place of Business Mailing Address 103 BUDRIS RD. P.O. BOX 511001 IU4413 MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3552849 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name: DREW, WALTER F Street Address (P.O. Box Number is Not Acceptable) 103 BUDRIS RD. **MELBOURNE BEACH FL 32951** City 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) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11, Delete TITLE Change ☐ Addition NAME DREW, WALTER F NAME STREET ADDRESS 103 BUDRIS RD. STREET ADDRESS CITY-ST-ZIP MELBOURNE BEACH FL 32951 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME DREW, KATHERINE NAME STREET ADDRESS 103 BUDRIS RD. STREET ADDRESS CITY-ST-ZIP MELBOURNE BEACH FL 32951 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition BLANFORD, SUSAN NAME NAME STREET ADDRESS 1305 HAVENHURST STREET ADDRESS CITY-ST-7IP MANCHESTER MO 63011 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition CONKO, BERNARD NAME NAME STREET ADDRESS 712 US HIGHWAY 1 #400 STREET ADDRESS CITY-ST-ZIP NO. PALM BEACH FL 33408 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition CARTY, LINDA NAME NAME 975 NO. BELTLINE HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MOBILE AL 36618 CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 321-984-1018

FILED