

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000048282

1. Entity Name

RE-USE SUPPLY COMPANY, INC.

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90013 013 ***150.00

Principal Place of Business

516 DELANNOY AVE.
COCOA FL 32922

Mailing Address

~~516 DELANNOY AVE.~~
~~COCOA FL 32922~~

2. Principal Place of Business

3. Mailing Address

PO Box 3767

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cocoa, FL

4. FEI Number

59-3646767

Applied For

Not Applicable

Zip

Country

Zip

Country

32924, 3767

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLASS, GREGORY W
1800 WEST HIBISCUS BLVD., STE. 138
MELBOURNE FL 32902

Name

Str

Kirschenbaum, Malcolm R
516 Delannoy Ave
Cocoa, FL 32922

City

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or register

Malcolm R Kirschenbaum
321-632-4936

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required)

DATE

4/2/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SWANN, JAMES T
516 DELANNOY AVE.
COCOA FL 32922

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HANSEL, LYNN R
516 DELANNOY AVE.
~~COCOA FL 32922~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
135 PLANTATION DR
TITUSVILLE, FL 32780

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/01

Jim Swann
321-631-2022

Date

Daytime Phone #

CR2E034 (10/00)

0079258