2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000081393

Entity Name: OCALA TREE DEBRIS RECYCLING, INC.

Apr 15, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1400 NW 18TH ST. 1400 NW 18TH ST. OCALA, FL 34479 OCALA, FL 34474 **Current Mailing Address: New Mailing Address:** P.O. BOX 1357 SILVER SPRINGS, FL 34489 FEI Number: 65-1042611 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FLANAGAN, GREGORY S DEAN, MICHAEL ESQUIRE 230 NORTHEAST 25TH AVE. 230 NORTHEAST 25TH AVE. SUITE 200 OCALA, FL 34470 OCALA, FL 34470 US 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: MICHAEL DEAN 04/15/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DVP () Delete () Change () Addition KINSEY, SANDY Name: Name: P.O. BOX 548 Address: Address: City-St-Zip: SILVER SPRINGS, FL 34489 City-St-Zip: Title: Title: () Delete () Change () Addition Name: KINSEY, DOUGLAS L SR. Name: P.O. BOX 548 Address: Address: SILVER SPRINGS, FL 34489 City-St-Zip: City-St-Zip: Title: Title: DVP () Delete DVP (X) Change () Addition KINSEY, DOUGLAS L III KINSEY, DOUGLAS L II Name: Name: 10325 N.E. CTY, ROAD 314 10325 N.E. CTY, ROAD 314 Address: Address: City-St-Zip: SILVER SPRINGS, FL 34488 City-St-Zip: SILVER SPRINGS, FL 34488 Title: DS () Delete Title: () Change () Addition KINSEY, JENNIFER Name: Name: Address: 10325 N.E. CTY ROAD 314 Address: City-St-Zip: SILVER SPRINGS, FL 34488 City-St-Zip: Title: Title: () Delete () Change () Addition SPICHER, OLGA Name: Name: P.O. BOX 2148 Address: Address: SILVER SPRINGS, FL 34488 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition SPICHER, TODD Name: Name: Address: P.O. BOX 2148 Address: City-St-Zip: City-St-Zip: SILVER SPRINGS, FL 34489

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLGA D. SPICHER DP 04/15/2002