

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90026 016 ***150.00

DOCUMENT # P00000085460

1. Entity Name
E.G. RECYCLING, INC.

Principal Place of Business 6270 EDGEWATER DR UNIT 5300 ORLANDO FL 32810	Mailing Address 621 SR 9 NE - PMB C8 LAKE STEVENS WA 98258
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4211 N. Orange Blossom Tr.

3. Mailing Address

Suite, Apt. #, etc.
Unit # E1

Suite, Apt. #, etc.

City & State
Orlando FL

City & State

4. FEI Number
59-3677208

Applied For
 Not Applicable

Zip
32804

Country
USA

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REINHARDT, ERIC C
 13340 W. COLONIAL DRIVE, SUITE 220
 WINTER GARDEN FL 34787**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	GOGAL, FREDERICK C		
621 SR 9 NE PMB C8	LAKE STEVENS WA 98258		
S	GOGAL, LORI J		
621 SR 9 NE PMB C8	LAKE STEVENS WA 98258		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02
 Date
 425-397-6122
 Daytime Phone #

CR200249/01