

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90068 027 \*\*\*150.00

DOCUMENT # **P00000094623**

1. Entity Name **Recyclesource, Inc.** ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**5911 Benjamin Center Dr**

3. Mailing Address

**5911 Benjamin Center Dr**

DO NOT WRITE IN THIS SPACE

City & State

**Tampa, Florida**

City & State

**Tampa, Florida**

4. FEI Number

**593705981**

Applied For

Not Applicable

Zip

**33634**

Country

**Hillsborough**

Zip

**33634**

Country

**Hillsborough**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Alonge, Joseph**

Street Address (P.O. Box Number is Not Acceptable)

**6105 Galleon Way**

City

**Tampa**

**FL**

Zip Code

**33615**

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE

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

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE  
NAME **P Alonge, Joseph**  
STREET ADDRESS **6105 Galleon Way**  
CITY-ST-ZIP **Tampa FL 33615**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **V/T Mann, Ralph**  
STREET ADDRESS **8710 Cobblestone Dr**  
CITY-ST-ZIP **Tampa, FL 33615**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **S Fox Rick**  
STREET ADDRESS **661 Sheridan Road**  
CITY-ST-ZIP **Winnetka IL 60093**

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Ralph Mann** **RALPH MANN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-02**

Date

**813-249-0828**

Daytime Phone #

CR2E034B (12/01)

ATTACHMENT

P00000094623/

659573

Florida Department of State, Division of Corporations

CORPORATIONS &amp; BUSINESS

www.sunbiz.org

Public Inquiry

## Florida Profit

## RECYCLESOURCE, INC.

## PRINCIPAL ADDRESS

6105 GALLEON WAY  
TAMPA FL 33615

## MAILING ADDRESS

6105 GALLEON WAY  
TAMPA FL 33615

## Document Number

P00000094623

## FEI Number

593705981

## Date Filed

10/04/2000

State  
FLStatus  
ACTIVEEffective Date  
NONE

## Registered Agent

Name & Address
ALONGE, JOSEPH 6105 GALLEON WAY TAMPA FL 33615

## Officer/Director Detail

Name & Address	Title
ALONGE, JOSEPH 6105 GALLEON WAY TAMPA FL 33615	PV

## Annual Reports

Report Year	Filed Date	Intangible Tax
2001	04/20/2001	

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No Events

No Name History Information

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