

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000094623

1. Entity Name  
RECYCLESOURCE, INC.



**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90194 014 \*\*\*150.00

0470722  
AV

Principal Place of Business  
5911 BENJAMIN CENTER DR  
TAMPA FL 33634

Mailing Address  
5911 BENJAMIN CENTER DR  
TAMPA FL 33634

101000001



2. Principal Place of Business  
5424 56th Commerce Park Blvd.  
Suite, Apt. #, etc.

3. Mailing Address  
5424 56th Commerce Park Blvd.  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
Tampa, Florida  
Zip  
33610  
Country  
USA

City & State  
Tampa, Florida  
Zip  
33610  
Country  
USA

4. FEI Number 59-3705981

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALONGE, JOSEPH  
6105 GALLEON WAY  
TAMPA FL 33615

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME ALONGE, JOSEPH  
STREET ADDRESS 6105 GALLEON WAY  
CITY-ST-ZIP TAMPA FL 33615 ☐ Delete

TITLE VT  
NAME MANN, RALPH  
STREET ADDRESS 8710 COBBLESTONE DR  
CITY-ST-ZIP TAMPA FL 33615 ☐ Delete

TITLE S  
NAME FOX, RICK  
STREET ADDRESS 661 SHERIDAN ROAD  
CITY-ST-ZIP WINNETKA IL 60093 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 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 10 or Block 11 if 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

Date 4/28/03 813627-074 Daytime Phone #

CR2E034 (10/02)