1052

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P00000101746

1. Entity Name

Wood Resource Recovery, Inc.

* FILED
02 DEC 19 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2402

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | 10606 Hwy 121 North<br>Suite, Apt. #, etc. |
| City & State | City & State: Gainesville, Fla |
| Zip / Country | Zip: 32653 / Country: Alachua |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3691567 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: GASTON, Bill

Street Address (P.O. Box Number is Not Acceptable): 10606 Hwy 121 North

City: Gainesville FL Zip Code: 32615

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's 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)

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE P<br>NAME GASTON, Bill<br>STREET ADDRESS 10606 SR 121 N<br>CITY-ST-ZIP Gainesville, Fla 32653 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP 200009597242<br>12/19/02--01044--001 **158.75 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP **DO NOT WRITE IN THIS SPACE** |
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CR2E034B (12/01)

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:** _____ 352-378-9133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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WOOD
RESOURCE
RECOVERY

Recycled Wood and Yard Waste Products

December 16,2002

Dear Sirs:

We are asking for our corporate status to be reinstated by way of submitting the attached Uniform Business Report form. We did not receive the form in the mail and only heard of our status when we applied for a permit and learned of the administrative dissolution. This was our first year of being incorporated and we did not understand the need to do this each year.

Thank you in advance for your help in clearing up this matter. I am including a check for the $ 150.00 fee and $ 8.75 for a certificate of status.

Sincerely,

Bill Gaston
owner

1901 NW 67 Place, Suite E • 10606 Hwy. 121 North • Gainesville, FL 32653
Tel (352) 378-9133 • Fax (352) 336-7429 • www.woodresourcerecovery.com