

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90165 028 \*\*\*150.00

0528550 AV

**DOCUMENT # P01000036146**

1. Entity Name

**NORTH PORT MULCHING & RECYCLING, INC.**

Principal Place of Business

6726 JOE JEFF ST  
 NORTHPORT FL 34287

Mailing Address

6726 JOE JEFF ST  
 NORTHPORT FL 34287

2. Principal Place of Business

3. Mailing Address

P.O. BOX 7466

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N. PORT, FL

Zip

Country

Zip

Country

34287

4. FEI Number

65-1125978

Applied For

Not Applicable

5. Certificate of Status Desired

~~Annual~~ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OZARK, DAMIAN M  
 2808 MANATEE AVENUE WEST  
 BRADENTON FL 34205

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

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) ☐

**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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOULEY, ROBERT E	
STREET ADDRESS	6726 JOE JEFF ST	
CITY-ST-ZIP	NORTHPORT FL 34287	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOULEY, ALICE S	
STREET ADDRESS	6726 JOE JEFF ST	
CITY-ST-ZIP	NORTHPORT FL 34287	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AYLSWORTH, CINDY L	
STREET ADDRESS	6726 JOE JEFF ST	
CITY-ST-ZIP	NORTHPORT FL 34287	
TITLE	D	<input type="checkbox"/> Delete
NAME	RITZMANN, THOMAS	
STREET ADDRESS	6726 JOE JEFF ST	
CITY-ST-ZIP	NORTHPORT FL 34287	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas Ritzmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-302

Date

426 2462  
 941-0000001

Daytime Phone #

CR2E034 (9/01)