

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003 8:00 am
Secretary of State

5/5/

05-05-2003 90194 019 ***150.00

DOCUMENT # P02000128296	
1. Entity Name RECYCLESOURCE TECHNOLOGIES, INC.	

Principal Place of Business 5911 BENJAMIN CENTER DR. TAMPA FL 33634	Mailing Address 5911 BENJAMIN CENTER DR. TAMPA FL 33634
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2. Principal Place of Business 5424 56th Commerce Park Blvd. Suite, Apt. #, etc.	3. Mailing Address 5424 56th Commerce Park Blvd. Suite, Apt. #, etc.
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☒ CHECK HERE IF MAKING CHANGES

City & State Tampa, Florida	City & State Tampa, Florida
Zip 33610	Zip 33610
Country USA	Country USA

4. FEI Number 82-057001	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MANN, RALPH 6105 GALLEON WAY TAMPA FL 33615

7. Name and Address of New Registered Agent Name: Joseph Alonge Street Address (P.O. Box Number is Not Acceptable): 6105 Galleon Way City: Tampa FL Zip Code: 33615

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: Joseph P. Alonge, President DATE: 4/28/03

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE President	<input type="checkbox"/> Delete
NAME Joseph Alonge	
STREET ADDRESS 6105 Galleon Way	
CITY-ST-ZIP Tampa, FL 33615	
TITLE Vice President	<input type="checkbox"/> Delete
NAME Ralph Mann	
STREET ADDRESS 6105 Galleon Way	
CITY-ST-ZIP Tampa, FL 33615	
TITLE CFO	<input type="checkbox"/> Delete
NAME Rick Fox	
STREET ADDRESS 601 Sheridan Road	
CITY-ST-ZIP Winnetka, Illinois 60093	
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Joseph P. Alonge **DATE:** 4/28/03 **DAYTIME PHONE #:** 813-627-074

CR2E034 (10/02)