

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000000760

1. Entity Name

FLORIDA RECYCLING & DISTRIBUTION, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90074 038 ***150.00

Principal Place of Business

Mailing Address

~~100 14TH AVENUE SOUTH~~
~~ST. PETERSBURG FL 33701~~

PO BOX 75283
TAMPA FL 33675-0283

db

2. Principal Place of Business

11708 - HWY 301 NORTH

3. Mailing Address

P.O. BOX 75283

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TAMPA, FL.

City & State

THONOTOSASSA, FL.

City & State

4. FEI Number 65-0371084

Applied For

Not Applicable

Zip

Country

33592

HILLSBOROUGH

Zip

Country

33675

HILLSBOROUGH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

E.V. PHILLIPS JR.

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

1050 - SUGARTREE DR. NO.

City

LAKELAND

FL

Zip Code

33813

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 *E.V. Phillips Jr. President*

Signature, typed or printed name of registered agent and this is acceptable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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, 2000 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 ☐ Delete
NAME PD
STREET ADDRESS PHILLIPS, EV JR.
CITY-ST-ZIP 1050 SUGARTREE DRIVE NORTH
LAKELAND FL

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

TITLE ☐ Delete
NAME ST
STREET ADDRESS ALDERSON, A.B.
CITY-ST-ZIP 100 - 14TH AVE S
ST PETERSBURG FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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: *E.V. Phillips Jr. President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/27/00