

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90095 045 ***150.00

DOCUMENT # P92000000760

1. Entity Name

FLORIDA RECYCLING & DISTRIBUTION, INC.

Principal Place of Business

**11708 HWY 301 N.
 THONOTOSASSA FL 33592**

Mailing Address

**PO BOX 75283
 TAMPA FL 33675**

2. Principal Place of Business

**11708 HWY 301 NO.
 Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 75283
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

THONOTOSASSA, FL.

City & State

TAMPA, FL.

4. FEI Number

65-0371084

Applied For

Not Applicable

Zip

33592

Country

HILLSBORO

Zip

33675

Country

HILLSBORO

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LEWIS, MARK R
 3131 66TH STREET NORTH
 SUITE A
 ST. PETERSBURG FL 33710**

7. Name and Address of New Registered Agent

Name
E.V. PHILLIPS JR.
 Street Address (P.O. Box Number is Not Acceptable)
11708 - HWY 301 NO.
 City
THONOTOSASSA FL Zip Code
33592

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/AGENT 1/28/02
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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)

**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PHILLIPS, EV JR.	
STREET ADDRESS	1050 SUGARTREE DRIVE NORTH	
CITY-ST-ZIP	LAKELAND FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALDERSON, A.B.	
STREET ADDRESS	111 HORST ROAD	
CITY-ST-ZIP	BRANDON FL 33510	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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	
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 an other like empowered.

SIGNATURE:

E.V. PHILLIPS JR. PRESIDENT 1/28/02 6183
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)