

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90258 022 \*\*\*150.00

**DOCUMENT # P93000019435**



1. Entity Name  
**ENVIRONMENTAL RECOVERY GROUP, INC.**

Principal Place of Business  
**251 LEVY RD.  
ATLANTIC BEACH FL 32233**

Mailing Address  
**P O BOX 330569  
ATLANTIC BEACH FL 32233  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3173654**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DALE, HOWARD L  
200 WEST FORSYTH ST., SUITE 1100  
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	GORDON, RUSSELL B	
STREET ADDRESS	251 LEVY RD	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HORNER, HARRY B.	
STREET ADDRESS	251 LEVY RD	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	ZECHILLA, ALEXANDER P.	
STREET ADDRESS	251 LEVY RD	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	VC	<input type="checkbox"/> Delete
NAME	CONNOLLY, JOHN W.	
STREET ADDRESS	251 LEVY ROAD	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JENKINS, STEVEN T.	
STREET ADDRESS	251 LEVY ROAD	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input checked="" 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	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENKINS, Posey, H.	
STREET ADDRESS	251 Levy Road	
CITY-ST-ZIP	Atlantic Beach, FL 32233	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)