

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State
 01-22-2000 90071 047 ***150.00

DOCUMENT # P95000004819

1. Entity Name

RECYCLING SERVICES, INC.

Principal Place of Business

4457 ENTREPRENEUR BLVD.
 TALLAHASSEE FL 32310
 US

Mailing Address

1400 VILLAGE SQUARE BLVD
 UNIT 8-244
 TALLAHASSEE FL 32312-1250
 US

904254

2. Principal Place of Business

9012 TURNBERRY COURT
 Suite, Apt. #, etc.

3. Mailing Address

1400 VILLAGE SQUARE BLVD
 Suite, Apt. #, etc.
PMB 244



DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

4. FEI Number

59-3288193

Applied For

Not Applicable

Zip **32312**

Country **LEON**

Zip **32312-1250**

Country **LEON**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMOOK, JOHN
9012 TURNBERRY COURT
TALLAHASSEE FL 32312

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.

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, 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

TITLE **D** ☐ Delete
 NAME **SCHMOOK, JOHN**
 STREET ADDRESS **9012 TURNBERRY COURT**
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/2000

850-893-4042

CR2E034 (9/99)