.2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **P95000049289** FLORIDA PAPER SHREDDING & RECYCLING, INC. -25-2001 90180 005 ***150.00 Principal Place of Business 2800 4TH ST. NORTH, STE. 119 2800 4TH ST. NORTH, STE. 119 DOOR TOOL ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704 2. Principal Place of Business 1000 30th St. South 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE BIDG. B City & State Applied For 4. FEI Number 59-3327054 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JANE A. HErMAN HERMAN, JANE A Street Address (P.O. Box Number is Not Acceptable) 2800 4TH ST. NORTH, STE. 119 30th St. South ST. PETERSBURG FL 33704 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS DIPISIT JANE A. HERMAN **∠** Change Addition TITLE ₩ Delete TITLE NAME NAME HERMAN, JANE A 1000 30th St. W. BIBG. B STREET ADDRESS STREET ADDRESS 2800 4TH ST. NORTH, STE. 119 St. PeterSburg, FL 33712 CITY-ST-7iP CITY-ST-7IP ST. PETERSBURG FL 33704 TITLE **DPST** Delete TITLE Change Addition NAME NAME HERMAN, JANE A STREET ADDRESS STREET ADDRESS 2800 - 4TH STREET N., # 119 CITY-ST-ZIP CITY-ST-7IP SAINT PETERSBURG FL 33704 TITLE ☐ Change ☐ Addition

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

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

and a. Herman

JAME A. HERMAN

4-16-01 727-528-4500

Date

Daytime Phone #

CR2F034 (10/