## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P96000039346

1. Entity Name

PALM BEACH RECYCLING CENTER, INC.



**FILED** Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90666 006 \*\*\*150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						GOO WE THE						
Sulfo, Apt. #, etc.   Sulfo, Apt. #, etc.   Sulfo, Apt. #, etc.   Cry & State   4. FEI Number 65-0664272   Applicable For For Applicable For For Applicable For Applicable For Applicable For For Applicable For Applica	551 BENOIST	FARMS ROAD	551 (	551 BENOIST FARMS ROAD								
City & State  Ci	2. Principal F	Place of Business	3. Ma	3. Mailing Address								
Zep Country Zip Country S. Certificate of Status Desired   \$5. Additional   \$5. Additional   \$6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   \$6. Name and Address of New Registered Agent   7. Name and Address of New Registered Agent   \$6. Bern Number is Not Acceptable   \$6. Bern Number is Not Acceptable	Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
EVERETT, JOHN  551 BENOIST FARMS ROAD  WEST PALM BEACH FL 33411  City  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or boin, in the State of Florida. I am tam lier with, and accept the obligations of registered agent agent are title agent and title agent and title agent and title agent	City & Stat	re	City	City & State			4. FE	65-0664272				
S. Name and Address of Current Registered Agent    Name	Zip	Country	Zip	Zip Country			5. Certificate of Status Desired \$8.75 Additional					
EVERETT, JOHN  551 BENOIST FARMS ROAD WEST PALM BEACH FL 33411  City FL Zip Code  6. The above named entry 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 collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registere		6. Name and Address of	Current Register	ed Agent			7 Na	me and Address of Na			· <del>-</del>	
SERENOIST FARMS ROAD  WEST PALM BEACH FL 33411  CRY FL Zip Code  6. The above named entry submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida Paparity of Flori			ourient register	ou Agent		Name	7. 140	ille alla Address of Ne	W Hegistered P	gent		
REST PALM BEACH FL 33411    City	•						(P.O. Box Number is Not Acceptable)					
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 society the obligations of registered agent.  SIGNATURE    Grandre Appen or prized name of registered agent and the if applicable. (NOTE Registered Apen signature magnetic when remaining)   DATE	🗓 551 BENC	DIST FARMS ROAD										
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 society the obligations of registered agent.  SIGNATURE    Grandre Appen or prized name of registered agent and the if applicable. (NOTE Registered Apen signature magnetic when remaining)   DATE	. WEST PAI	LM BEACH FL 33411										
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.    Common to present name of registered agent and star if applicable.   NOTE Registered Agent signature required when remistering   DATE	0				}	O't-				1	_	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.    Signature		2				City			FL	Zip Cod	е	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	8. The above the obligat	named entity submits this stat	tement for the purp	oose of changing it	s registere	d office or regist	ered ager	nt, or both, in the State o	f Florida. I am f	amiliar with,	and accept	
After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME SITERET ADDRESS BOYNTON BEACH FL  17. P  P PURP   Delete   TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY	SIGNATURE .	Signature, typed or printed name of regis	stered agent and title if app	olicable. (NO	TE: Registered	Agent signature requir	red when reins	stating)	DATE			
TITLE NAME STREET ADDRESS GITY-ST-ZIP S	After	May 1, 2003 Fee will be \$	550.00					, -	_			
TITLE NAME STREET ADDRESS GITY-ST-ZIP S	10.	OFFICE	RS AND DIRECTO	I	11.		ADD	ITIONS/CHANGES TO	DEFICERS AND	DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP  P NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	31110211071110			
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  P		1		□ Delete		l				Change	Addition	
CITY-ST-ZIP  BOYNTON BEACH FL  CITY-ST-ZIP						I .						
TITLE NAME SIREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						l						
NAME STREET ADDRESS OCITY-ST-ZIP TITLE NAME STREET ADDRESS OCITY-ST-ZIP TITLE NAME STREET ADDRESS OCITY-ST-ZIP  HARSH, KAREN I 86 BARBERTON RD LAKE WORTH FL  TITLE NAME STREET ADDRESS OCITY-ST-ZIP				prisons.							<u></u>	
STREET ADDRESS CITY-ST-ZIP  LAKE WORTH FL  VP		· ·	•	☐ Delete		1				Change	☐ Addition	
CITY-SI-ZIP  LAKE WORTH FL  CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP						l l						
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP											ı	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHY-SI-ZIP			<del></del>	CITY-	ST-ZIP						
STREET ADDRESS CITY-ST-ZIP  B8 BARBERTON RD LAKE WORTH FL  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	₹ITL£	İ				☐ Change	Addition :	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP	NAME	HARSH, KAREN I			NAME							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	86 Barberton RD										
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP " "	LAKE WORTH FL			CITY-	ST-ZIP						
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	TITLE					☐ Change	☐ Addition	
CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	NAME				NAME						į	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS				STREE	T ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP CITILE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP				CITY-	ST-ZIP					,	
NAME STREET ADDRESS CITY-ST-ZIP CITILE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	TITLE	<del></del>		☐ Delete	TITLE	İ				Change	Addition	
CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	NAME			. 5						_ a-		
TITLE Delete TITLE Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE CHANGE Addition  CHANGE STREET ADDRESS  CITY-ST-ZIP	STREET ADDRESS				STREE	T ADDRESS						
TITLE         Delete         TITLE         Change         Addition           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP	CITY-ST-ZIP				E	- i						
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITI F	77 700		Dalata	_			·		Change	☐ Addition	
STREET ADDRESS CITY-SI-ZIP STREET ADDRESS CITY-ST-ZIP				□ Delete						□ Change	☐ ACCRICE	
CITY-ST-ZIP CITY-ST-ZIP						T ADDRESS						
	1											
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110 07(3)(i). Florida Statutae 1 further partify that the information												

indicated on this report or 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:** 

3-10-03

561-793-3808