

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000085963**

1. Entity Name

DIVERSIFIED-RECYCLING, INC.**DIVERSIFIED PLASTICS RECYCLING, INC.**

Principal Place of Business

Mailing Address

7380 WEST ATLANTIC BOULEVARD
MARGATE FL 330637380 WEST ATLANTIC BOULEVARD
MARGATE FL 33063-4214
US**FILED****00 MAY -1 PM 1:59****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7336 W. ATLANTIC BLVD

3. Mailing Address

7336 W. ATLANTIC BLVD

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

NONE

City & State

MARGATE, FL

City & State

MARGATE, FL

4. FEI Number

65-0702300

Applied For

Not Applicable

Zip

33063

Country

USA

Zip

33063

Country

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

6. Name and Address of Current Registered Agent

**DENSON, RICHARD
7380 W ATLANTIC BLVD
MARGATE FL 33063**

7. Name and Address of New Registered Agent

Name

DENSON, RICHARD

Street Address (P.O. Box Number is Not Acceptable)

7336 W. ATLANTIC BLVD

City

MARGATE**FL**

Zip Code

33063

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	DPS	<input checked="" type="checkbox"/> Delete
NAME	DENSON, RICHARD	
STREET ADDRESS	3301 CELEBRATION LANE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DENSON, SHIRLEY	
STREET ADDRESS	3301 CELEBRATION LANE	
CITY-ST-ZIP	MARGATE FL 33063	
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	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENSON, RICHARD	
STREET ADDRESS	3625 WILDERNESS WAY	
CITY-ST-ZIP	CORAL SPRING, FL 33065	
TITLE	DT/DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENSON SHIRLEY	
STREET ADDRESS	3625 WILDERNESS WAY	
CITY-ST-ZIP	CORAL SPRING, FL 33065	
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

S. Payne 5/16/00