2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 16, 2000 8:00 am Secretary of State DOCUMENT # P96000104380 RIDA RECYCLING ENTERPRISES, INC. 05-16-2000 90160 028 ***150.00 race of Business Mailing Address ^ /Y 301 PO BOX 75283 TAMPA FL 33675-0283 IBIONGTUSAUSA FL 33592 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3434882 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name David Dye ALDERSON, ANNETTE B Street Address (P.O. Box Number is Not Acceptable) 11706 North Hwy. 301 11706 N.HWY 301 THONOTOSASSA FL 33592 Thonotosassa Zip Code 33592 the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named enti-SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE spect or printed name of registered agent and title if applicable 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, 2000 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 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition X Detete TITLE TITLE PHIL出PS, A BURT NAME STREET ADDRESS 11706 N HWY 301 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THONOTOSASSA FL ☐ Addition Delete Change TITLE ALDERSON, ANNETTE B NAME NAME STREET ADDRESS 100 14TH AVENUE SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETE FL 33701 ☐ Change ☐ Addition TITLE ☐ Delete TITLE David Dye 11706 N. Hwy. NAME NAME 301 STREET ADDRESS STREET ADDRESS 33592 Thonotosassa, CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 employered 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.

Daytime Phone #