

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

FILED

02 NOV -8 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DD

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11/14/02--01048--014 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000019780

1. Entity Name

RESOURCE RECLAMATION OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10865 N. US 301

Suite, Apt. #, etc.

3. Mailing Address

P O BOX 470

Suite, Apt. #, etc.

City & State

OXFORD FL

City & State

OXFORD FL

4. FEI Number

09-3513258

Applied For

Not Applicable

Zip

34484

Country

US

Zip

34484

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SIDNEY E LEWIS

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

24 NORTH MARKET STREET

SUITE 300

City

JACKSONVILLE

FL

Zip Code

32202

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

cm file

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
STEVEN J. LEWIS
10865 N HWY US 301
OXFORD FL 34484

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VICE PRESIDENT
KIMBERLY MELOCCHI
10865 N US HWY 301
OXFORD FL 34484

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

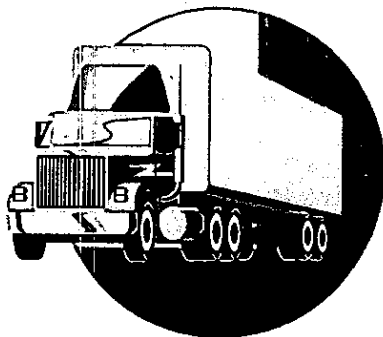
11/14/02

Date

352-330-2000

Daytime Phone #

CR2E034B (12/01)



RESOURCE RECLAMATION

10865 N. US HWY 301
PO BOX 470
OXFORD, FL 34484
Phone (352) 330-2000
Fax (352) 330-2022
e-mail TRUCK@ATLANTIC.NET

November 4, 2002

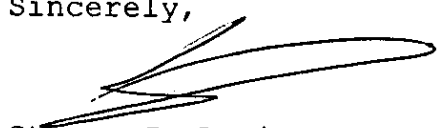
Florida Department of State, Division of Corporations
Annual Report/Reinstatement Section
Post Office Box 6327
Tallahassee, FL 32314-6327

Mr. Jay Kassafis,

Due to circumstances beyond our control, the Corporate Uniform Business Report did not appear to be sent for the year 2002. We did not receive adequate notice of this action until the Notice of Administrative Dissolution or Revocation of the corporate status for Resource Reclamation of Florida, Inc. arrived at the end of October.

Please waive the \$550.00 fee and accept the \$150.00 fee to reinstate the corporate status.

Sincerely,


Steven J. Lewis