

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90137 032 ***150.00

DOCUMENT # P98000050561

1. Entity Name

RECYCLING USA OF GAINESVILLE, INC.

Principal Place of Business

**4511 N HIMES AVE
245
TAMPA FL 33614
US**

Mailing Address

**4511 N HIMES AVE
245
TAMPA FL 33614
US**

2. Principal Place of Business

405 N. REO ST.Suite, Apt. #, etc.
115

3. Mailing Address

1611 W. PLATT ST

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33609

Country

USA

Zip

33606

Country

USA

4. FEI Number

59-3526674

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**KOEHLER, KEITH W CPA
1611 W. PLATT ST.
TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCEO
CARTER, WALLACE W
4511 NORTH HIMES STE 245
TAMPA FL 33614** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVST
CARTER, PAIGE A
4511 NORTH HIMES STE 245
TAMPA FL 33614** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CARTER JR, CLARENCE J
4511 NORTH HIMES STE 245
TAMPA FL 33614** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-02 (813) 639-1555

CR2E034 (9/01)