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

changed, or on an attachment with an address, with all other li

SIGNATURE

## DOCUMENT # **P98000078883** May 09, 2000 8:00 am Secretary of State APPLIED RECYCLING TECHNOLOGIES INC. 05-09-2000 90070 012 \*\*\*150.00 Principal Place of Business Mailing Address 1010 HOOVER RD. 1455-78TH AVE. N. ST. PETERSBURG FL 33702-4020 WINTER HAVEN FL 33884 2. Principal Place of Business 3. Mailing Address Honver Rd 1030 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3532618 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .--CHAPIN, JAMES P Street Address (P.O. Box Number is Not Acceptable) 1455-78TH AVE. NORTH ST. PETERSBURG FL 33702 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 DATE (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE TITLE Delete CHAPIN, JAMES P NAME NAME STREET ADDRESS 1455 - 78TH AVE. NORTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33702 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE POST, GARY NAME NAME 8131 NORTH EDISON RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LITHIA FL 33547 ☐ Addition ☐ Delete TITLE TITLE THOMAS, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 233 3RD ST. NORTH CITY-ST-ZIP ST. PETERSBURG FL 33701 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 accurage 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