

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90105 027 ***150.00

DOCUMENT # P98000078883

1. Entity Name
APPLIED RECYCLING TECHNOLOGIES INC.

Principal Place of Business

**1030 HOOVER RD
 WINTER HAVEN FL 33884**

Mailing Address

**1455-78TH AVE. N.
 ST. PETERSBURG FL 33702**

2. Principal Place of Business

1030 Hoover Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Zip

Country

33884

POIK

4. FEI Number

59-3532618

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

CHAPIN, JAMES P

1455-78TH AVE. NORTH

ST. PETERSBURG FL 33702

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

James P. Chapin

(NOTE: Registered Agent signature required when reinstating)

4/25/02

**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 **S** ☐ Delete
NAME **THOMAS, JOHN**
STREET ADDRESS **233 3RD ST. NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **P** ☒ Delete
NAME **POST, GARY**
STREET ADDRESS **8131 N EDISON RD**
CITY-ST-ZIP **LITHIA FL 33547**

TITLE **VP** ☐ Delete
NAME **CHAPIN, JAMES**
STREET ADDRESS **1455 78TH AVE N.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME **Gary Post**
STREET ADDRESS **Retired**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Resident**
STREET ADDRESS **James P. Chapin**
CITY-ST-ZIP **1455-78th Ave N**
ST. Petersburg, FL 33702

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

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

TITLE ☐ Change ☐ 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:

James P. Chapin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

863-318-1476

Daytime Phone #

CR2E034 (9/01)