

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90030 029 \*\*\*150.00

**DOCUMENT #** 99900082555**1. Entity Name**Shred Shed, Inc.**Principal Place of Business****Mailing Address**4653 Purdue DR SAME  
Boynton Beach FL 33436**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number**65-0948145

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**Varricchio, Kelly M  
4653 Purdue DR  
Boynton Beach FL 33436

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, 2001, 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Delete  
NAME Joseph Varricchio  
STREET ADDRESS 4653 Purdue DR  
CITY-ST-ZIP Boynton Beach FL 33436TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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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:**3/7/02561-967-4024