

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085907

1. Entity Name
RECYCLABLE 100, INC.

Principal Place of Business
1616 SOUTH 14TH STREET
LEESBURG FL 34748

Mailing Address
1616 SOUTH 14TH STREET
LEESBURG FL 34748

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3600363

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GREGG, F.BROWNE
1616 SOUTH 14TH STREET
LEESBURG FL 34748

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 PD
NAME BROWNE, GREGG F
STREET ADDRESS 1616 S 14TH STREET
CITY-ST-ZIP LEESBURG FL 34748 ☐ Delete

TITLE CEO
NAME GREGG, F. BROWNE
STREET ADDRESS 1616 S 14TH STREET
CITY-ST-ZIP LEESBURG FL 34748 ☐ Delete

TITLE COOP
NAME KENNEY, DENNIS C
STREET ADDRESS 1616 S 14TH STREET
CITY-ST-ZIP LEESBURG FL 34748 ☒ Delete

TITLE CFOV
NAME JONES, GARY L
STREET ADDRESS 1616 S 14TH STREET
CITY-ST-ZIP LEESBURG FL 34748 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V
NAME Kyle Garrett
STREET ADDRESS 1616 S. 14th Street
CITY-ST-ZIP Leesburg, FL 34748 ☐ Change ☒ Addition

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

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

TITLE S
NAME Gary L. Jones
STREET ADDRESS 1616 S. 14th Street
CITY-ST-ZIP Leesburg, FL 34748 ☐ Change ☒ Addition

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

TITLE
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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90031 003 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)