

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90114 019 ***150.00

DOCUMENT # P99000088246

1. Entity Name
GLOBAL RESOURCE RECOVERY ORGANIZATION, INC.



Principal Place of Business
6150 SR 70 EAST
STE 20
BRADENTON FL 34203
US

Mailing Address
6150 SR 70 EAST
STE 20
BRADENTON FL 34203
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0976749

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DECKER, STEPHEN O
400 N TAMPA ST
SUITE 2450
TAMPA FL 33602

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BALVANZ, LORAN R.	
STREET ADDRESS	8711 52ND AVE EAST	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, KENNETH P	
STREET ADDRESS	2815 OLD BAYSHORE WAY	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILLIARD, SAM C	
STREET ADDRESS	P.O. BOX 1168	
CITY-ST-ZIP	SAN ANTONIO FL 33576	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALVAREZ, MICHAEL U	
STREET ADDRESS	2001 BIG JOHN ROAD	
CITY-ST-ZIP	TAHOE CITY CA 96145	
TITLE	D	<input type="checkbox"/> Delete
NAME	RINGHAVER, LANCE	
STREET ADDRESS	P.O. BOX 30169	
CITY-ST-ZIP	TAMPA FL 30169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *Balvan*

5/11/03

Date

Daytime Phone #

CR2E034 (10/02)