

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

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

3. Mailing Address

4. FEI Number **65-0976749** Applied For
Not Applicable

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

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. 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 reinstating)

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
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME **BALVANZ, LORAN R.**
STREET ADDRESS **8711 52ND AVE EAST.**
CITY-ST-ZIP **BRADENTON FL 34203**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **BROWN, KENNETH P**
STREET ADDRESS **2815 OLD BAYSHORE WAY**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **HILLIARD, SAM C**
STREET ADDRESS **P.O. BOX 1168**
CITY-ST-ZIP **SAN ANTONIO FL 33576**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **ALVAREZ, MICHAEL U**
STREET ADDRESS **2001 BIG JOHN ROAD**
CITY-ST-ZIP **TAHOE CITY CA 96145**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **RINGHAVER, LANCE**
STREET ADDRESS **P.O. BOX 30169**
CITY-ST-ZIP **TAMPA FL 30169**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: **LORAN R. BALVANZ**
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/03

Date

Daytime Phone #

CR2E034 (10/02)