2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 22, 2000 8:00 am DOCUMENT # P99000105180 1. Entity Name Secretary of State DIXIE RECYCLING, INC. 02-22-2000 90036 032 ***150.00 Mailing Address Principal Place of Business 1918 40TH TERRACE S.W. 1918 40TH TERRACE S.W. NAPLES FL 34116 NAPLES FL 34116 Ulbyby 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FILMORE, TERESA Street Address (P.O. Box Number is Not Acceptable) 1918 40TH TERRACE S.W. NAPLES FL 34116 City Zip Code Fl 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition ☐ Delete TITLE YAHL, RICH NAME NAME STREET ADDRESS 1918 40TH TERRACE S.W. STREET ADDRESS CITY-ST-ZIP CITY~ST~7IP NAPLES FL 34116 ☐ Delete TITLE ☐ Change Addition TITLE FILMORE, TERESA NAME NAME STREET ADDRESS 1918 40TH TERRACE S.W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34116 ☐ Delete ☐ Change ☐ Addition TITLE TITLE ROUSSEAU, GERALD WILLIAM NAME NAME STREET ADDRESS 1918 40TH TERRACE S.W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34116 Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 a 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an atta