

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90709 006 \*\*\*150.00

0503904 AV

**DOCUMENT # P99000105180**

1. Entity Name  
**DIXIE RECYCLING, INC.**

Principal Place of Business Mailing Address  
**1918 40TH TERRACE S.W. 1918 40TH TERRACE S.W.**  
**NAPLES FL 34116 NAPLES FL 34116**

2. Principal Place of Business 3. Mailing Address  
**2250 WASHBURN AVE 2250 WASHBURN AVE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**NAPLES, FLORIDA NAPLES, FLORIDA**

Zip Country Zip Country  
**34117 34117**

4. FEI Number **NOT APPLICABLE** 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

**FILMORE, TERESA**  
**1918 40TH TERRACE S.W.**  
**NAPLES FL 34116**

Name  
**FILMORE TERESA**

Street Address (P.O. Box Number is Not Acceptable)

**2250 WASHBURN AVE**  
 City **NAPLES FL 34117**

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 *Teresa Filmore*

DATE **4/2/02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>YAHL, RICH</b> <b>1918 40TH TERRACE S.W.</b> <b>NAPLES FL 34116</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FILMORE, TERESA</b> <b>1918 40TH TERRACE S.W.</b> <b>NAPLES FL 34116</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROUSSEAU, GERALD WILLIAM</b> <b>1918 40TH TERRACE S.W.</b> <b>NAPLES FL 34116</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FILMORE TERESA</b> <b>2250 WASHBURN AVE</b> <b>NAPLES, FL 34117</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JEAN YAHL</b> <b>2250 WASHBURN AVE</b> <b>NAPLES, FL 34117</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE: *Teresa Filmore*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/2/02** DAYTIME PHONE # **941 352 0079**

CP2E034 (9/01)