

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S34587

1. Entity Name
CHESHIRE RECYCLING SYSTEMS, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90132 031 ***150.00

Principal Place of Business

Mailing Address

RTE 7 BOX 384
LAKE CITY FL 32055
US

~~RTE 7 BOX 384~~
LAKE CITY FL 32055
US

00014920

2. Principal Place of Business

3. Mailing Address

Route 7 Box 375-4

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3042925

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BOHANNON, DEIDRA
RTE 7 BOX 384
LAKE CITY FL 32055

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 *Deidra G. Bohannon*
Signature, typed or printed name of registered agent and title if applicable.

Deidra G. Bohannon

1/26/01

(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. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 DP
STREET ADDRESS CHESHIRE, RAYMOND
CITY-ST-ZIP ~~RTE 7 BOX 384~~
LAKE CITY FL 32055 ☐ Delete

TITLE
NAME
STREET ADDRESS Rt 7 Box 375-4 ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME DS
STREET ADDRESS BOHANNON, DEIDRA
CITY-ST-ZIP ~~RTE 7 BOX 384~~
LAKE CITY FL 32055 ☐ Delete

TITLE
NAME
STREET ADDRESS Rt 7 Box 375-4 ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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 an address, with all other like empowered.

SIGNATURE:

Deidra G. Bohannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/01
Date

904 752 1090
Daytime Phone #

CR2E034 (10/00)