

AMENDED

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

DOCUMENT # S86930

1. Entity Name

American Ash Recycling Corp. of Tennessee

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6622 Southpoint Dr. South

3. Mailing Address

6622 Southpoint Dr. South

Suite, Apt. #, etc.

Suite 310

Suite, Apt. #, etc.

Suite 310

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32216

Country

USA

Zip

32216

Country

USA

4. FEI Number

59-3093121

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Intrastate Registered Agent Corp.

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

701 Brickell Ave., Suite 3000

City
Miami

FL

Zip Code
33131

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	D C P Albright, George F.	1690 Hempfield Dr.	York, PA 17404
	S Bollman, Indie B.	612 15th Avenue S.	Jacksonville Beach, FL 32250
	V T Weeks, Connie	6858 Plum Lane E	Jacksonville, FL 32222
	V Bell, Ted	12563 Dragon Fly Lane	Jacksonville, FL 32225

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/02 (904) 296-2800

Date

Division Phone #

CR2E034B (12/01)

FILED
02 DEC -3 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/03/02--01094--007 **61.25

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