

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90233 015 ***158.75

DOCUMENT # S93938

1. Entity Name
RECYCLED PROPERTIES, INC.



Principal Place of Business
P.O. BOX 3324
JACKSONVILLE, FL 32206

Mailing Address
P.O. BOX 3324
JACKSONVILLE, FL 32206

11U16656



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
9378 Arlington Expy
Suite, Apt. #, etc.
Suite 337

3. Mailing Address
9378 Arlington Expy
Suite, Apt. #, etc.
Suite 337

City & State
Jacksonville, FL
Zip
32225
Country
Duval

City & State
Jacksonville, FL
Zip
32225
Country
Duval

4. FEI Number
59-3091802
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
TRAUTMANN, ANDREW M
319 WEST 11TH STREET
JACKSONVILLE, FL 32206

7. Name and Address of New Registered Agent
Name **Andrew M. Trautmann**
Street Address (P.O. Box Number is Not Acceptable)
133 West 5th Street
City **Jacksonville** FL **32206**

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 **Andrew M. Trautmann** DATE **4-23-2003**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when resigning)

FILED NOW! FEE IS \$50.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TRAUTMANN, ANDREW M 133 W. 6TH STREET, P.O. BOX 3324 JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD USELMAN, JERRY 319 W. 11TH STREET, P.O. BOX 3324 JACKSONVILLE, FL 32206	<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"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **Andrew M. Trautmann** DATE **4-23-2003**
Signature and typed or printed name of signing officer or director

CR2E034 (10/02)