2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2000 8:00 am
Secretary of State
02-13-2000 90005 027 ***150.00

DOCUMENT # V14182

1. Entity Name

MODERN RECYCLING, INC., OF FLORIDA

Principal Place of Business	Mailing Address
24278 PRODUCTION CIRCLE BONITA SPRINGS FL 34185 US	24278 PRODUCTION CIRCLE BONITA SPRINGS FL 34135-7057 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0315348 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KUSHNER, STEVEN P
1375 JACKSON ST.,TIDEWATER BLDG.,STE.2
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1375 JACKSON STREET SUITE 202

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 _____ 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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WASHUTA, STEVE		NAME		
STREET ADDRESS	4746 MODEL CITY RD.,		STREET ADDRESS		
CITY-ST-ZIP	MODEL CITY NY		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WASHUTA, LORIE		NAME		
STREET ADDRESS	4746 MODEL CITY RD.		STREET ADDRESS		
CITY-ST-ZIP	MODEL CITY NY 14107		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WASHUTA, RICHARD		NAME		
STREET ADDRESS	4746 MODEL CITY RD.		STREET ADDRESS		
CITY-ST-ZIP	MODEL CITY NY 14107		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WASHUTA, SONIA		NAME		
STREET ADDRESS	4746 MODEL CITY RD.		STREET ADDRESS		
CITY-ST-ZIP	MODEL CITY NY 14107		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: Lorie Washuta LORIE WASHUTA 1/27/00 (716) 754-8226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #