FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 23, 2001 8:00 am DOCUMENT # Secretary of State Ta-pa Bay Recycling, Inc. 05-23-2001 91183 038 ***150.00 Principal Place of Business Mailing Address 525-22nd Street So **ԵՍՍԵՅՅԵՅ** St. Peter, FC 23712 2. Principal Place of Business

\$25-22 hd Street So 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Peter A. Denne 525-22nd street So Street Address (P.O. Box Number is Not Acceptable) St Rete., FL 33712 Zip Code City 8. The above named entity symmiss this statement for the purpose of changing its agristered office or registered agent, or both, in the State of Florida SIGNATURE of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Delete ☐ Change Audition TiTLE NAME NAME 2002 - Sqt Street So STREET ADDRESS STREET ADDRESS 601Fpr+ FL 33707 CITY-ST-7IP CITY-ST-7IP TITLE □ Change Audition Delete TITLE Peter A. Venne NAME NAME 2002 - 594 Street So STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Golffort FL 33707 ☐ Change Accition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Acdition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete □ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 truster ampowered to execute this report at 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:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR