

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V71954

1. Entity Name

Tampa Bay Recycling, Inc.

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90328 042 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

525-22nd Street South

Suite, Apt. #, etc.

3. Mailing Address

525-22nd Street South

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3144083

Applied For

Not Applicable

Zip

33712

Country

USA

Zip

33712

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Denne, Peter A.

Street Address (P.O. Box Number is Not Acceptable)
 525-22nd Street So.

City St. Petersburg

FL

Zip Code 33712

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]

Peter A. Denne

3/14/02

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

(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. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

PS

Denne, Heidi
 2002-59th Street So
 Gulfport FL 33707

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VPT

Denne, Peter A.
 2002-59th Street So
 Gulfport FL 33707

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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] Peter A. Denne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02

727-321-4748

Date

Daytime Phone #