

Apr 30 03 04:04p

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Jun 04, 2003 8:00 am
Secretary of State

05-02-2003 90744 027 ****88.75
06-04-2003 90097 003 ****61.25

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

DOCUMENT # F02000001599

1. Entity Name
RECYCLE GROUP INC.

Principal Place of Business: 5795 E. COUNTY ROAD 100 SOUTH, AVON, IN 46123
Mailing Address: 307 ANSON BLVD., HALLENDALE, FL 33009

2. Principal Place of Business: Same as above
3. Mailing Address: Same as above

4. FEI Number: **35-2144091** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent: **EVERETT, DALE, 307 ANSON BLVD., HALLENDALE, FL 33009**

7. Name and Address of New Registered Agent: _____

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: _____ DATE: _____

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
	<input type="checkbox"/> Delete KKENDALL, RONALD 6795 E. COUNTY RD. 100 SOUTH AVON, IN 46123		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<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 199.07(3)(1), Florida Statutes. I further certify that the information included 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 or without this corporation.

SIGNATURE: *[Signature]* DATE: _____



CHECK HERE IF MAKING CHANGES

CR/2003 (10/02)