

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 08:00 AM**
Secretary of State**DOCUMENT # 268830**1. Entity Name
IFCO-ICS FLORIDA, INC.

Principal Place of Business

6191 JONES AVENUE.
P.O. BOX 278
ZELLWOOD
32798

FL

Mailing Address

6191 JONES AVENUE.
P.O. BOX 278
ZELLWOOD
32798

FL

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

59-1008750

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MURPHY, J M
6191 JONES AVENUE.ZELLWOOD FL
32798

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 **J.M. MURPHY**

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

(NOTE: Registered Agent signature required when reinstating)

04/18/2001

DATE

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, 2001 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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete
NAME	BUTLER GERALD PJR	
STREET ADDRESS	6191 JONES AVE	
CITY-ST-ZIP	ZELLWOOD FL 32798	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MURPHY H A	
STREET ADDRESS	6191 JONES AVE	
CITY-ST-ZIP	ZELLWOOD FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HANSEN GAYLE	
STREET ADDRESS	6191 JONES AVENUE	
CITY-ST-ZIP	ZELLWOOD FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	MURPHY, JM	
STREET ADDRESS	6191 JOANES AVE	
CITY-ST-ZIP	ZELLWOOD FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEARLMAN ELLIOT	
STREET ADDRESS	6191 JONES AVENUE	
CITY-ST-ZIP	ZELLWOOD FL 32798	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLAVIN BARRY	
STREET ADDRESS	2300 W 13 ST	
CITY-ST-ZIP	CHICAGO IL	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER GERALD PJR	
STREET ADDRESS	6191 JONES AVE	
CITY-ST-ZIP	ZELLWOOD FL 32798	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE CALVIN	
STREET ADDRESS	1540 S GREENWOOD AVENUE	
CITY-ST-ZIP	MONTBELLO CA	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, DALICANDRO GAYLE	
STREET ADDRESS	6191 JONES AVENUE	
CITY-ST-ZIP	ZELLWOOD FL 32798	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARLMAN ELLIOT	
STREET ADDRESS	6191 JOANES AVE	
CITY-ST-ZIP	ZELLWOOD FL 32798	

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: **GERALD P. BUTLER, JR**

T

04/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)