

01 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 268830

Amended

FILED

01 AUG 29 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Entity Name
IFCO ICS - Florida, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

6191 Jones Avenue

3. Mailing Address

P. O. Box 278

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Zellwood, FL

City & State

Zellwood, FL

4. FEI Number

591008750

Applied For

Not Applicable

Zip

32798

Country

USA

Zip

32798

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

J. M. Murphy

6191 Jones Avenue

Zellwood, FL 32798

7. Name and Address of New Registered Agent

Name

Gerald P. Butler, Jr.

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

6191 Jones Avenue

City

Zellwood

FL

Zip Code

32798

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

6-02-01

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 **President** ☐ Delete
NAME **Elliot S. Pearlman**
STREET ADDRESS **6191 Jones Avenue**
CITY-ST-ZIP **Zellwood, FL 32798**

TITLE **Treasurer** ☐ Delete
NAME **Gerald P. Butler, Jr.**
STREET ADDRESS **6191 Jones Avenue**
CITY-ST-ZIP **Zellwood, FL 32798**

TITLE **Vice President** ☐ Delete
NAME **Barry Slavin**
STREET ADDRESS **6191 Jones Avenue**
CITY-ST-ZIP **Zellwood, FL 32798**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Secretary** ☐ Change ☒ Addit
NAME **Gayle Hansen-Dalicandro**
STREET ADDRESS **6191 Jones Avenue**
CITY-ST-ZIP **Zellwood, FL 32798**

TITLE **Director** ☐ Change ☒ Addit
NAME **Calvin Lee**
STREET ADDRESS **6191 Jones Avenue**
CITY-ST-ZIP **Zellwood, FL 32798**

TITLE **Director** ☐ Change ☒ Addit
NAME **Elliot S. Pearlman**
STREET ADDRESS **6191 Jones Avenue**
CITY-ST-ZIP **Zellwood, FL 32798**

TITLE ☐ Change ☐ Addit
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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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-02-01 907 889 5500