

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 268830

1. Entity Name

IFCO Systems Zellwood, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 31 PM 12:09

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6191 Jones Avenue

Suite, Apt. #, etc.

3. Mailing Address

6829 Flintlock Road

Suite, Apt. #, etc.

City & State
Zellwood, Florida

City & State
Houston, Texas

Zip
32798

Country
USA

Zip
77040

Country
USA

REINSTATEMENT

4. FEI Number

59-1008750

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Capitol Corporate Services, Inc.

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

1333 North Duval St.

City
Tallahassee

FL

Zip Code
32303

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IN THIS SPACE**

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 Gayle Wundle asst sec

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

(NOTE: Registered Agent signature required when reinstating)

12-30-02

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 \$61.25

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
President, Secretary and Sole Director
Gayle Dalicandro
2300 West 13th St, Chicago, IL 60608

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President
Mike Hachtman
6829 Flintlock Road, Houston, TX 77040

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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: Gayle Dalicandro Gayle Dalicandro, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/02

Date

713-276-

5213

Daytime Phone #

CR2E034B (12/01)

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