

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F87511

1. Entity Name

PALLET MANAGEMENT SYSTEMS, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90090 038 ***158.75

Principal Place of Business

ONE S. OCEAN BLVD.
#305
BOCA RATON FL 33432
US

Mailing Address

ONE S. OCEAN BLVD.
#305
BOCA RATON FL 33432-5143
US

2. Principal Place of Business

2300 W. SAMPLE
#202

3. Mailing Address

2300 W. SAMPLE
#202

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH FL

Zip

33073

Country

USA

Zip

33073

Country

USA

4. FEI Number

59-2197020

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, ZACHARY M
ONE S. OCEAN BLVD.
#305
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

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

2300 W. SAMPLE RD.
#202

POMPANO BEACH

FL

Zip Code 33073

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

ZACHARY M. RICHARDSON

1/4/00

(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) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 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 D ☐ Delete
NAME RADCLIFFE, DON
STREET ADDRESS 181 LONGHILL RD.
CITY-ST-ZIP LITTLE FALLS NJ

TITLE P ☐ Delete
NAME RICHARDSON, ZACHARY M
STREET ADDRESS 1699 SW 20TH AVE.
CITY-ST-ZIP BOCA RATON FL 33486

TITLE D ☐ Delete
NAME SAES, DAVID
STREET ADDRESS 260 MATESON AVE
CITY-ST-ZIP NY NY 10016

TITLE C ☐ Delete
NAME LUCY, JOHN III
STREET ADDRESS P.O. BOX 9 N/A
CITY-ST-ZIP GASBURG VA

TITLE D ☐ Delete
NAME LUCY, JOHN JR.
STREET ADDRESS 6660 ESTERO BLVD. 505 SANDARAC
CITY-ST-ZIP FT. MYERS FL 33931

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 2300 W. SAMPLE RD #202
STREET ADDRESS POMPANO BEACH FL 33073
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME SASS DAVID
STREET ADDRESS 260 MADISON AVE
CITY-ST-ZIP NY NY 10016

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 if 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

ZACHARY M. RICHARDSON
PRESIDENT

Date

Daytime Phone #9900

00008863



DO NOT WRITE IN THIS SPACE