

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
 05-16-2001 90220 006 ***158.75

DOCUMENT # F87511

1. Entity Name

PALLET MANAGEMENT SYSTEMS, INC.

Principal Place of Business

Mailing Address

~~2300 W SAMPLE RD~~
~~202~~
~~POMPANO BEACH FL 33073~~
~~US~~

~~2300 W SAMPLE RD~~
~~202~~
~~POMPANO BEACH FL 33073~~
~~US~~

2. Principal Place of Business

3. Mailing Address

2855 N. UNIVERSITY DR

OR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 510

SAME

City & State

City & State

CONAL SPRINGS

SAME

Zip

Country

Zip

Country

33065

BROWARD

SAME

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

7. Name and Address of New Registered Agent

RICHARDSON, ZACHARY M

~~2300 W SAMPLE RD~~

~~202~~

~~POMPANO BEACH FL 33073~~

Name

Suite, Apt. #, etc. (P.O. Box Number is Not Acceptable)

2855 N. UNIVERSITY DR.

CONAL SPRINGS

City

FL

33067

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RADCLIFFE, DON	
STREET ADDRESS	181 LONGHILL RD.	
CITY-ST-ZIP	LITTLE FALLS NJ	
TITLE	P	<input type="checkbox"/> Delete
NAME	RICHARDSON, ZACHARY M	
STREET ADDRESS	2300 W SAMPLE RD 202	
CITY-ST-ZIP	POMPANO BEACH FL 33073	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SASS, DAVID	
STREET ADDRESS	260 MADISON AVE	
CITY-ST-ZIP	NY NY 10016	
TITLE	C	<input type="checkbox"/> Delete
NAME	LUCY, JOHN III	
STREET ADDRESS	P.O. BOX 9 N/A	
CITY-ST-ZIP	GASBURG VA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUCY, JOHN JR.	
STREET ADDRESS	6660 ESTERO BLVD. 505 SANDARAC	
CITY-ST-ZIP	FT. MYERS FL 33931	
TITLE	VP	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 210.003(1)(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 by the person or persons authorized 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

Date

Daytime Phone #

VP MARC STEUBERG
2855 N. UNIVERSITY DR
SUITE 510
CONAL SPRINGS FL 33065
954 340 1290
7/15/01

CR2E034 (10/00)