

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90043 033 ***150.00

DOCUMENT # F87511

1. Entity Name

PALLET MANAGEMENT SYSTEMS, INC.

Principal Place of Business

**2855 N. UNIVERSITY DR
 SUITE 510
 CORLA SPRINGS FL 33065
 US**

Mailing Address

**2855 N. UNIVERSITY DR
 SUITE 510
 CORLA SPRINGS FL 33065
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

Country

Zip

Country

4. FEI Number

59-2197020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

RICHARDSON, ZACHARY M

2855 N. UNIVERSITY DR

SUITE 510

CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

GAIL M. EDOLMAN

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

2855 N. UNIVERSITY DR

SUITE 510

City

CORAL SPRINGS

FL

Zip Code

33065

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.

(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, 2002 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 **STEINBERG, MARC**
 STREET ADDRESS **2855 N. UNIVERSITY DR #510**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **P** ☒ Delete
 NAME **RICHARDSON, ZACHARY M**
 STREET ADDRESS **2300 W SAMPLE RD 202**
 CITY-ST-ZIP **POMPANO BEACH FL 33073**

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)