

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001848

1. Entity Name

PALLET RECYCLING TECHNOLOGIES, INC.

FILED

Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90064 037 ***158.75

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

2300 W. SAMPLE
Suite, Apt. #, etc.
#202

3. Mailing Address

2300 W. SAMPLE
Suite, Apt. #, etc.
#202

City & State

POMPANO BEACH FL
Zip
33073 Country
USA

City & State

POMPANO BEACH
Zip
33073 Country
USA

4. FEI Number

65-0384486

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALLET MANAGEMENT SYSTEMS, INC.
ONE SOUTH OCEAN BLVD.
#305
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name
2300 W. SAMPLE
Street Address (P.O. Box Number is Not Acceptable)
#202
POMPANO BEACH, FL
City
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.

(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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RICHARDSON, ZACHARY M
ONE SOUTH OCEAN BLVD. #305
BOCA RATON FL 33432 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
JOHN LUCY III
PO BOX 9
GASBURG VA ☐ Change ☒ Addition

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

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

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

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

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 #

CR2E034 (9/99)