

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90214 006 \*\*\*150.00

01703030 AV

**DOCUMENT # F93000001848**

1. Entity Name  
**PALLET RECYCLING TECHNOLOGIES, INC.**

Principal Place of Business  
**2855 N UNIVERSITY DR 510**  
**POMPANO BEACH FL 33065**  
**US**

Mailing Address  
**2855 N UNIVERSITY DR 510**  
**POMPANO BEACH FL 33065**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**CORAL SPRINGS, FL**

City & State  
**CORAL SPRINGS, FL**

4. FEI Number **65-0384486**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALLET MANAGEMENT SYSTEMS, INC.**  
**2855 N UNIVERSITY DR 510**  
**POMPANO BEACH FL 33073**

Name

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
 NAME **RICHARDSON, ZACHARY M**  
 STREET ADDRESS **2855 N UNIVERSITY DR 510**  
 CITY-ST-ZIP **POMPANO BEACH FL 33067**

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

TITLE **C** ☐ Delete  
 NAME **JOHN, LUCY III**  
 STREET ADDRESS **PO BOX 9**  
 CITY-ST-ZIP **GASBURG VA**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2900 HIGHWOODS BLVD SUITE 200**  
 CITY-ST-ZIP **CALBIEGA, N.C 27604**

TITLE **VP** ☐ Delete  
 NAME **STEINBERG, MANC**  
 STREET ADDRESS **2855 N UNIVERSITY DR**  
 CITY-ST-ZIP **POMPANO BEACH FL 33067**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2855 N. UNIVERSITY DR SUITE 510**  
 CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)