

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90160 013 ***150.00

01100



DO NOT WRITE IN THIS SPACE

DOCUMENT # **F94000003213**

1. Entity Name

FLORIDA WAREHOUSE MANAGEMENT SERVICES, INC.

Principal Place of Business 23 PUBLIC SQUARE, STE. 440 IL 62220	Mailing Address 23 PUBLIC SQUARE, STE. 440 BELLEVILLE IL 62220-1628
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 37-1206365	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Patrick M. Flynn* (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 NAME HARTMANN, JURGEN K STREET ADDRESS PO BOX 8 N/A CITY-ST-ZIP HARTFORD IL 62048	<input type="checkbox"/> Delete
TITLE D NAME PABST, KIP STREET ADDRESS PO BOX 8 N/A CITY-ST-ZIP HARTFORD IL 62048	<input type="checkbox"/> Delete
TITLE DOCO NAME MEYER, DENNIS STREET ADDRESS 900 ENGINEERS RD. CITY-ST-ZIP GRANITE CITY IL	<input type="checkbox"/> Delete
TITLE S NAME FLYNN, PATRICK M STREET ADDRESS 23 PUBLIC SQ., STE. 440 CITY-ST-ZIP BELLEVILLE IL 62220	<input type="checkbox"/> Delete
TITLE C NAME CASSIDAY, WILLIAM STREET ADDRESS PO BOX 67 N/A CITY-ST-ZIP HARTFORD IL 62048	<input type="checkbox"/> Delete
TITLE VP NAME FAULKNER, WILLIAM STREET ADDRESS PO BOX 67 CITY-ST-ZIP HARTFORD IL 62048	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director NAME Boveda, Jose STREET ADDRESS Botrade, S.L., Apartado de Correos #251 CITY-ST-ZIP 48900 Berango, Vizcaya, Espana (Spain)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE Vice-President NAME Hendrickson, Bruce STREET ADDRESS P.O.Box 67, N/A CITY-ST-ZIP Hartford, IL 62048	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE Vice-President NAME Meyer, Dennis STREET ADDRESS 34 N. 45th Ave., Ste. E CITY-ST-ZIP Phoenix, AZ 85043	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Vice-President NAME Leahy, Joseph STREET ADDRESS 16400 S. Lathrop CITY-ST-ZIP Harvey, IL 60426	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE Vice-President NAME Cassiday, William STREET ADDRESS P.O. Box 67, N/A CITY-ST-ZIP Hartford, IL 62048	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Patrick M. Flynn* Secretary Patrick M. Flynn 1/6/00 618-233-0480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)