

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90002 024 ***150.00



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 BELLEVILLE IL 62220	Mailing Address 23 PUBLIC SQUARE, STE. 440 BELLEVILLE IL 62220
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 37-1206365	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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 34 N. 45th Ave., Ste. E Phoenix, AZ 85043 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

(SEE ATTACHED SHEET)

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* **Patrick M. Flynn** **Secretary**
 Date: 1/4/01 Daytime Phone #: 618-233-0480

CR2E034 (10/00)



C0002727

Attachment to 2001 Uniform Business Report
Document #F94000003213
Florida Warehouse Management Services, Inc.

Item No. 11. Additional Officer and Director:

Title D
Name Boveda, Jose
Address Botrade, S.L., Apartado de Correos #251,
48900 Berango, Vizcaya, Espana (Spain)

Title VP
Name Leahy, Joseph
Address 16400 S. Lathrop
Harvey, IL 60426

