2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **F99000002556** Apr 24, 2000 8:00 am Secretary of State 1. Entity Name NEWTEC PALLETIZING, INC. 04-24-2000 90121 050 ***150.00 Principal Place of Business Mailing Address 3521 SEAWAY DRIVE 3521 SEAWAY DRIVE NEW PORT RICHEY FL 34652-3023 NEW PORT RICHEY FL 34652 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AYEL, GUY Street Address (P.O. Box Number is Not Acceptable) 3521 SEAWAY DRIVE **NEW PORT RICHEY FL 34652** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change TITLE ☐ Delete TITLE IHLER. JEAN BERNARD NAME NAME 3521 SEAWAY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL 34652** CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE DELVAUX, YANN NAME NAME 3521 SEAWAY DRIVE STREET ADDRESS STREET ADDRESS **NEW PORT RICHEY FL 34652** CITY-ST-ZIP CITY-ST-ZIP DVPT ☐ Change Addition TITLE TITLE ☐ Delete AYEL, GUY NAME NAME 3521 SEAWAY DRIVE STREET ADDRESS STREET ADDRESS **NEW PORT RICHEY FL 34652** CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Channe ☐ Delete TITLE MULLER, CHRISTOPHER NAME NAME 3521 SEAWAY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL 34652** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 enfowered 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.

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

PART TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

1/12/200

813-814,1949

Daytime Phone #

☐ Change

☐ Addition