

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 19, 2000 8:00 am**
Secretary of State

02-19-2000 90024 012 ***150.00

DOCUMENT # F99000004212

1. Entity Name

HOLT CARGO SYSTEMS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 8698
PHILADELPHIA PA 19101P.O. BOX 8698
PHILADELPHIA PA 19101-8698

2. Principal Place of Business

101 S. KING ST.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 8698

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

GLOUCESTER CITY, NJ

City & State

PHILADELPHIA, PA

4. FEI Number

23-1664146

Applied For

Not Applicable

Zip

08030

Country

CAMDEN

Zip

19101

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

LEXIS DOCUMENT SERVICES**3953 WW KELLEY ROAD
TALLAHASSEE FL 32311**

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

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 State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
HOLT, THOMAS J SR.
101 SOUTH KING STREET
GLOUCESTER CITY NJ 08030 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
ROBINS, LORRAINE
101 SOUTH KING STREET
GLOUCESTER CITY NJ 08030 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
GELMAN, BERNARD
101 SOUTH KING STREET
GLOUCESTER CITY NJ 08030 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
EVANS, JOHN
101 SOUTH KING STREET
GLOUCESTER CITY NJ 08030 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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

Date

Daytime Phone #

JOHN EVANS 2/7/00 856-742-3000

CR2E034 (9/99)