

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # J39104**

1. Entity Name  
 IFCO ICS-GEORGIA, INC.

Principal Place of Business P.O. BOX 278  ZELLWOOD FL 327980278	Mailing Address P.O. BOX 278  ZELLWOOD FL 327980278
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State	3. Mailing Address  Suite, Apt. #, etc.  City & State
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number <b>59-2854834</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, J.M.  
 6191 JONES AVE.  
  
 ZELLWOOD FL 32798 US

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 **J.M. MURPHY** DATE **04/18/2001**  
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, 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	VD PEARLMAN ELLIOT <input type="checkbox"/> Delete 6191 JONES AVE ZELLWOOD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SLAVIN BARRY <input type="checkbox"/> Delete 2300 W 13 ST CHICAGO IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE CALVIN <input type="checkbox"/> Delete 1540 S GREEN WOOD AVE MONTEBELLO CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUTLER GERALD PJR <input type="checkbox"/> Delete 6191 JONES AVE ZELLWOOD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANSEN-DALICANDRO GAYLE <input type="checkbox"/> Delete 6191 JONES AVE ZELLWOOD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURPHY J M <input type="checkbox"/> Delete 6191 JONES AVE ZELLWOOD FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARLMAN ELLIOT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6191 JONES AVE ZELLWOOD FL 32798
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	<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	P PEARLMAN ELLIOT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6191 JONES AVE ZELLWOOD FL

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: **GERALD P. BUTLER, JR** T DATE **04/18/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)