

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L96000000747**

1. Entity Name  
**BROMLEY PALLET RECYCLERS OF FT. MYERS, L.C.**

**FILED**

01 NOV -1 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** 2001

Principal Place of Business 6115 IDLEWILD ST. FT. MYERS FL 33912		Mailing Address 8006 E SLIGH AVE. TAMPA FL 33610 6115 IDLEWILD ST FORT MYERS, FL 33912	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0681250</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		

6. Name and Address of Current Registered Agent <b>GROENE, DELBERT 8006 EAST SLIGH AVENUE TAMPA FL 33610</b>		7. Name and Address of New Registered Agent Name <b>DOUGLAS HAINES</b> Street Address (P.O. Box Number is Not Acceptable) <b>6115 IDLEWILD ST</b> City <b>FORT MYERS</b> FL Zip Code <b>33912</b>	
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B. 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)

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State  
Due By September 26, 2001

**800004686078--1**  
-11/16/01--01094--010  
\*\*\*\*150.00 \*\*\*\*150.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GROENE, DELBERT 8006 EAST SLIGH AVENUE TAMPA FL 33610</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DOUGLAS HAINES, OWNER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6115 IDLEWILD ST FORT MYERS, FL 33912</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HAINES, WILLIAM 120 FIFTH AVENUE NEW YORK NY 10011</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>N/A</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED** 10/29/01  
Date / Daytime Phone #

0006417

CR2E083 (5/01)

STAPLE CHECK HERE.