

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90035 023 ***150.00

DOCUMENT # 1184953

1. Entity Name
GER. PALLETS Inc ✓

Principal Place of Business **Mailing Address**
1984 SHARWOOD ST
CL. FL 33765

A0072312

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
1984 SHARWOOD ST P.O. BOX 6422

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**
CL. FL CLW. FL

Zip **Country** **Zip** **Country**
33765 FLORIDA 33758 FLORIDA

4. FEI Number **Applied For**
59-2902118 **Not Applicable**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GEORGE BLAKKLY
4500 EAST BAY DR
CL FL 33764

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 George E Blakly **DATE** 5-24-01

(Signature, typed or printed name of registered agent and date, 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. **FILE NOW!!** **FFF IS \$150.00** **10. Election Campaign Financing Trust Fund Contribution.** **\$5.00 May Be Added to Fees**

(See criteria on back) **After MAY 1, 2001 Fee will be \$550.00 to Department of State** **Make Check Payable**

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	<u>PRKS</u>
STREET ADDRESS	<u>GEORGE BLAKKLY</u>
CITY-ST-ZIP	<u>4500 EAST BAY. CL FL 33764</u>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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: George E Blakly **DATE** 5-24-01 **Daytime Phone #** 727-442-8599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE034 (11/00)