

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000089

1. Entity Name  
IFCO-U.S., L.L.C.

FILED

01 JAN 24 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
5401 W. KENNEDY BLVD.  
SUITE 711  
TAMPA FL 33609

Mailing Address  
5401 W. KENNEDY BLVD.  
SUITE 711  
TAMPA FL 33609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3344620

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSONS, WILLIAM G  
5401 WEST KENNEDY BLVD., SUITE 711  
TAMPA FL 33609

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR ANDERSON, WILLIAM G  
STREET ADDRESS 5401 W. KENNEDY BLVD., SUITE 711  
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 100003623731--0  
CITY-ST-ZIP -02/02/01--01011--022  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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: William G. Anderson SIGNATURE REQUIRED William G. Anderson 1/11/01 (813) 281-8940  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)