

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91192 039 \*\*\*150.00

DOCUMENT # **P00000014215**

1. Entity Name

**Tampa Bay Pallet Enterprises**  
**1310 Silliman Lane**  
**Seffner, FL 33584**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1310 Silliman Ln**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Seffner, FL**

City & State

4. FEI Number

**59-3635742**

Applied For

Not Applicable

Zip

**33584**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Marc Black**

Street Address (P.O. Box Number is Not Acceptable)

**5303 Garden Ln.**

City

**Tampa**

**FL**

Zip Code

**33610**

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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	<b>President</b>
NAME	<b>Marc Black</b>
STREET ADDRESS	<b>5303 Garden Ln</b>
CITY- ST- ZIP	<b>Tampa, FL 33610</b>
TITLE	<b>V. President</b>
NAME	<b>Charles Silliman</b>
STREET ADDRESS	<b>1310 Silliman Ln</b>
CITY- ST- ZIP	<b>Seffner, FL 33584</b>
TITLE	<b>Secretary</b>
NAME	<b>Dianne Silliman</b>
STREET ADDRESS	<b>1310 Silliman Ln</b>
CITY- ST- ZIP	<b>Seffner, FL 33584</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Dianne Silliman (Secretary)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/30/02**

Daytime Phone #

**813-741-9900**

CR2ED34B (12/01)