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FILED
Apr 21, 2002 8:00 am
Secretary of State
03-26-2002 90027 030 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000092293

1. Entity Name
RUSTY'S PALLETS SERVICE, INC.

Principal Place of Business	Mailing Address
4937 N 40TH ST TAMPA FL 33610	4937 N 40TH ST TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 4937 40th ST. North	3. Mailing Address: 7404 Del Bonita
Suite, Apt. #, etc.	Suite, Apt. #, etc.: CT. #83
City & State: Tampa, FL. ~~33610~~	City & State: Tampa FL.
Zip: 33610 / Country: Hillsborough	Zip: 33617 / Country: Hillsborough

4. FEI Number: 59-3744741 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLAHN, BENEDICT B
4937 N 40TH ST
TAMPA FL 33610

BENEDICT B Flahn
owner - manager
4937 40th ST. N.
Tampa, FL. 33610

7. Name and Address of New Registered Agent

Name: Benedict B. Flahn
Street Address (P.O. Box Number is Not Acceptable): 4937 40th ST. North
City: Tampa FL Zip Code: 33610

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) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER/OWNER BENEDICT B. Flahn 4937 40th ST. NORTH Tampa, FL. 33610 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: ______________________________ 3/14/02 813-740-1213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #