

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000085321**

1. Entity Name

GATE PALLET SYSTEMS - PACIFIC, INC.**FILED****Mar 15, 2000 8:00 am**
Secretary of State

03-15-2000 90024 027 ***150.00

Principal Place of Business

Mailing Address

9007 ARROW ROUTE
BLDG 1.. STE 235
RANCHO CUCAMONGA CA 91730
USPO BOX 23627
JACKSONVILLE FL 32241-3627
US

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

59-3214648

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSTER, DAVID M
1301 GULF LIFE DRIVE
SUITE 1500
JACKSONVILLE FL 32207Name
FOSTER DAVID M

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

9540 SAN JOSE BLVDCity
JACKSONVILLE, FLFL Zip Code
32257

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 **DAVID M FOSTER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/08/2000

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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
PD
LUKE, JOSEPH C.
9540 SAN JOSE BLVD
JACKSONVILLE FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVTS
LUEDERS, JACK C JR
9540 SAN JOSE BLVD
JACKSONVILLE FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/V/T/AS
LUEDERS, JACK C JR
9540 SAN JOSE BLVD
JACKSONVILLE, FL 32257 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH JR., P. JEREMY
9540 SAN JOSE BLVD
JACKSONVILLE FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
MCCORMACK, JAMES E
9540 SAN JOSE BLVD
JACKSONVILLE FL 32257 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT/S
MCCORMACK JAMES E
9540 SAN JOSE BLVD
JACKSONVILLE, FL 32257 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
ZEMANEK, LOUIS M
9540 SAN JOSE BLVD
JACKSONVILLE FL 32257 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: **JAMES E MCCORMACK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E MCCORMACK**02/22/00**

Date

(904) 448-2910

Daytime Phone #