

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90092 010 ***158.75

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

90146789

DOCUMENT # P094000038481

1. Entity Name

IFCO SYSTEMS FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6829 FLINTLOCK ROAD

3. Mailing Address
6829 FLINTLOCK ROAD

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

City & State
HOUSTON, TX

City & State
HOUSTON, TX

Zip
77040

Country
USA

Zip
77040

Country
USA

4. FEI Number
59-3246017

Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CAPITOL CORPORATE SERVICES, INC

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

1333 N. DUVAL STREET

City
TALLAHASSEE

FL

Zip Code
32303

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Boyle Wendle, asst. sec.

7-18-03

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

(NOTE: Registered Agent signature required when registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR, PRESIDENT & SECRETARY
~~CHRISTOPHER THESMAN~~ Haskell Ross
6829 FLINTLOCK RD, HOUSTON, TX 77040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Haskell Ross III

CHRISTOPHER THESMAN

JULY 18, 2003 713-332-6145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Attachment
90146789
PO 94000038481



July 21, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

IFCO Systems North America, Inc.
6829 Flintlock Road
Houston, TX 77040
Tel 713 332 6145
Fax 713 332 6146
www.ifcosystems.com

Dear Sir or Madam:

IFCO SYSTEMS FLORIDA, INC did not receive the 2002 annual report forms last year due to the corporate restructuring that occurred at the end of 2001 and the beginning of 2002. Several offices were closed down or moved to new locations. The new forms have our current address. This is to request a waiver of the late fees due to non-receipt of 2002 annual forms. If you have any future questionis please send to my attention.

Sincerely,

A handwritten signature in black ink, appearing to read 'Haskell Ross', with a stylized flourish at the end.

Haskell Ross
VP Human Resources
IFCO Systems NA, Inc