

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90064 002 ***158.75

DOCUMENT # P96000027287

1. Entity Name

PALLET SYSTEMS-LAKELAND FL, INC.

Principal Place of Business

Mailing Address

ONE S. OCEAN BLVD.
#305
BOCA RATON FL 33432

ONE S. OCEAN BLVD.
#305
BOCA RATON FL 33432-5143

00006899



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2300 W. SAMPLE

2300 W. SAMPLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#202

#202

City & State

City & State

POMPADO BEACH FL

POMPADO BEACH

33073

USA

33073

USA

4. FEI Number 59-3512892

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALLET MANAGEMENT SYSTEMS, INC.
ONE S. OCEAN BLVD.
#305
BOCA RATON FL 33432

Name

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

2300 W. SAMPLE RD.

#202

POMPADO BEACH

FL

Zip Code 33073

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, 2000 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 PD
NAME RICHARDSON, ZACHARY M
STREET ADDRESS ONE S. OCEAN BLVD. #305
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME 2300 W. SAMPLE RD. #202
STREET ADDRESS POMPADO BEACH, FL 33073
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME JOHN LUCY III
STREET ADDRESS PO BOX 9
CITY-ST-ZIP GASBURET VA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZACHARY M. RICHARDSON 1/4/00 954-979-9900
PRESIDENT

Date

Daytime Phone #

CP2E034 (9/99)