

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034433

1. Entity Name

FOUR-H PALLETS, INC. ✓

**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**

07-21-2000 90158 038 \*\*\*550.00

Principal Place of Business

2164 B HWY 17-92  
LONGWOOD FL 32750  
US

Mailing Address

222 BITTERWOOD STREET  
WINTER SPRINGS FL 32771-9616

2. Principal Place of Business

1683 Bldg

3. Mailing Address

1683 Bldg

Suite, Apt. #, etc.

Suite 129

Suite, Apt. #, etc.

Suite 129

City & State

Sanford FL

City & State

Sanford FL

Zip

32771

Country

Zip

32771

Country

4. FEI Number

59-3373730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

HELLAND, RANDALL A  
222 BITTERWOOD STREET  
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE PD  
NAME HELLAND, RANDALL A  
STREET ADDRESS 222 BITTERWOOD STREET  
CITY-ST-ZIP WINTER SPRINGS FL ☐ Delete

TITLE STD  
NAME HECHINGER, VIVIAN  
STREET ADDRESS 206 CLEAR LAKE CIR  
CITY-ST-ZIP SANFORD FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Secretary  
NAME  
STREET ADDRESS 2358 Salem Drive  
CITY-ST-ZIP DeLtona FL 32738 ☐ Change ☒ Addition

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

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

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

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

TITLE  
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:

*Randall A. Helland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-00

407-331-0468