

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090009

1. Entity Name

ADVANCED PALLETS, INC.

Principal Place of Business

3101 NW 16 TERR
POMPANO BEACH FL 33064
US

Mailing Address

P O BOX 24356
FORT LAUDERDALE FL 33307-356
US

2. Principal Place of Business

3. Mailing Address

3101 NW 16 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach FL

Zip

Country

Zip

Country

33064

6. Name and Address of Current Registered Agent

MCBRIDE, MICHAEL K
2684 ARBOR DRIVE
FORT LAUDERDALE FL 33312

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-16-01

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS MCBRIDE, WALTER K
CITY - ST - ZIP 2680 ARBOR DRIVE
FORT LAUDERDALE FL 33312

TITLE ☐ Delete
NAME D
STREET ADDRESS MCBRIDE, MICHAEL K
CITY - ST - ZIP 2684 ARBOR DRIVE
FORT LAUDERDALE FL 33312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-01



DO NOT WRITE IN THIS SPACE

0503982

CR2E034 (10/00)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90019 039 ***158.75