

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104876

1. Entity Name

GRATE PALLET, INC.

Principal Place of Business

6321 WHISPERING OAKS DR. WEST
JACKSONVILLE FL 32277

Mailing Address

6321 WHISPERING OAKS DR. WEST
JACKSONVILLE FL 32277-1576

2. Principal Place of Business

555 North Ellis Road

3. Mailing Address

P.O. Box 15278

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32254

Country

U.S.A.

Zip

32239-5278

Country

U.S.A.

4. FEI Number

59-3549001

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

AKEL, EDWARD C
1 INDEPENDENT DR., STE. 2301
JACKSONVILLE FL 32202

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D.
NAME ATTER, PHILLIP T
STREET ADDRESS 6321 WHISPERING OAKS DR., WEST
CITY-ST-ZIP JACKSONVILLE FL 32277

☐ Delete

TITLE P/D
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME BUCK, JAMES R
STREET ADDRESS 6321 WHISPERING OAKS DR., WEST
CITY-ST-ZIP JACKSONVILLE FL 32277

☐ Delete

TITLE V/D
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE T
NAME ATTER, JILL B
STREET ADDRESS 6321 WHISPERING OAKS DR. WEST
CITY-ST-ZIP JACKSONVILLE FL 32277

☒ Delete

TITLE C/D
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

Raymond L. Bauch
2 San Marco Ct.
Palm Coast, FL 32137

TITLE S
NAME BUCK, LORAINA
STREET ADDRESS 6321 WHISPERING OAKS DR. WEST
CITY-ST-ZIP JACKSONVILLE FL 32277

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

Date

904-707-1900

Daytime Phone #

CR2E034 (9/99)