## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P9900081735 Aug 22, 2000 8:00 am 1. Entity Name BINS & SHELVING OF FLORIDA, INC. Secretary of State 08-11-2000 90001 040 \*\*\*150.00 Mailing Address Principal Place of Business 4406 WEST WSTRELLA STREET 4406 WEST WSTRELLA STREET **TAMPA FL 33629** TAMPA FL 33629 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 59-3599146 City & State City & State Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Nama A- Cash Street Address (P.O. Box Number is Not Acceptable) SPIEGEL & UTRERA, P.A. 343 ALMERIA AVE. **CORAL GABLES FL 33134** 4406 W. Estrella Street Zip Code City Тапра 33629 8. The above partied antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8-8-00 SIGNATURE (NOTE: Recistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition PD ☐ Change TITLE ☐ Delete CASH, JOHN ROSS NAME NAME STREET ADDRESS 4406 WEST WSTRELLA STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33629** Change ☐ Addition VSTD ☐ Delete TITLE TTILE CASH, JOYCE A NAME MAME 4406 WEST WSTRELLA STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33629** ☐ Change ☐ Addition TITLE ☐ Deleta TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Oelete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Detete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 affactment with an address, with all other like empowered. SIGNATURE

Ai Cash, Sec.-Treasurer

Doc #- p99 00008 17 35

August 8, 2000

Division of Corporations Uniform Business Report Filings P. O. Box 1500 Tallahassee, Fl. 32302-1500

To Whom it may concern:

Enclosed is our 2000 Uniform Business Report. I did not receive the first notice and was advised by your office to inform you of such and return \$150.00 for filing for year 2000.

Very truly yours

Joyce A. Cash

Secretary-Treasurer

Bins & Shelving of Florida, Inc.