


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90478 010 ***150.00

DOCUMENT # 146827
1. Entity Name
Daytona Beach Cold Storage



DO NOT WRITE IN THIS SPACE

44045241

2. Principal Place of Business
240 N. Seagrave
Suite, Apt. #, etc.

3. Mailing Address
PO Box 1752
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Daytona Beach, FL

City & State
Daytona Beach, FL

Zip
32114

Country
Volusia

Zip
32115

Country
Volusia

4. FEI Number 59-0554323 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Leonard Sacks

Street Address (P.O. Box Number is Not Acceptable)
240 N. Seagrave Ave.

City Daytona Beach FL Zip Code 32114

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Sacks, David 240 N. Seagrave Ave. Daytona Beach, FL 32114	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO Sacks, Leonard 240 N. Seagrave Ave. Daytona Beach, FL 32114	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V President Sacks, Evelyn 240 N. Seagrave Ave. Daytona Beach, FL 32114	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V President Motzel, Stephen 240 N. Seagrave Ave. Daytona Beach, FL 32114	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

CRZE034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leonard Sacks* 5-6-4 (386) 252-3746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #