

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

0012408 AV

04-28-2003 90128 015 \*\*\*150.00

**DOCUMENT # 146827**

1. Entity Name  
**DAYTONA BEACH COLD STORAGE CO.**



Principal Place of Business      Mailing Address

**240 N SEAGRAVE**      **240 N SEAGRAVE**  
**P.O. BOX 1752**      **P.O. BOX 1752**  
**DAYTONA BEACH FL 32114-3141**      **DAYTONA BEACH FL 32114-3141**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-0554323**      Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SACKS, LEONARD M**  
**3 OCEAN WEST BLVD APT 7D6**  
**DAYTONA BEACH FL 32118**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	P	<input type="checkbox"/> Delete
NAME	<b>SACKS, DAVID M</b>	
STREET ADDRESS	<b>240 N SEAGRAVE</b>	
CITY-ST-ZIP	<b>DAYTONA BCH, FL 32014</b>	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	<b>SACKS, LEONARD M</b>	
STREET ADDRESS	<b>240 N SEAGRAVE</b>	
CITY-ST-ZIP	<b>DAYTONA-BCH, FL 32014</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>SOUSA, JAMES A.</b>	
STREET ADDRESS	<b>2153 AVOCADO DRIVE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>MOTZEL, STEPHEN F.</b>	
STREET ADDRESS	<b>32 MARJORIE TRAIL</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other information empowered.

SIGNATURE: *Leonard M Sacks*      Date: 4/23/03      Daytime Phone #: (386) 252-3746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)