

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
 04-24-2002 90362 005 ***150.00

CR2E034 9/01

DOCUMENT # 312384

1. Entity Name
PALM BEACH REFRIGERATION, INC.

Principal Place of Business
 2555 OLD OKEECHOBEE RD
 WEST PALM BEACH FL 33409
 US

Mailing Address
 2555 OLD OKEECHOBEE RD
 WEST PALM BEACH FL 33409
 US

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 59-1156047

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

FLOWERS, LOWELL P.
7406 WILSON ROAD
WEST PALM BEACH FL

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE TS ☒ Delete
NAME FLOWERS, PRISCILLA MARIE
STREET ADDRESS 7406 WILSON RD
CITY-ST-ZIP WEST PALM BEACH, FL00000

TITLE TS ☐ Change ☒ Addition
NAME FLOWERS, LOWELL
STREET ADDRESS 7406 Wilson Road
CITY-ST-ZIP West Palm Beach, FL00000

TITLE PD ☐ Delete
NAME FLOWERS, LOWELL
STREET ADDRESS 7406 WILSON RD
CITY-ST-ZIP WEST PALM BEACH, FL00000

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

TITLE ☐ Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02 **361/478-3941**
 Date Daytime Phone #