

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90068 045 ***150.00

05/02/01 AT

DOCUMENT # F00000000198

1. Entity Name
ALTA REFRIGERATION, INC.

Principal Place of Business

Mailing Address

514 MT. PLEASANT ROAD
HAMPTON, GA 30228-1803

514 MT. PLEASANT ROAD
HAMPTON, GA 30228-1803

2. Principal Place of Business

403 Dividend Drive

Suite, Apt. #, etc.

3. Mailing Address

403 Dividend Drive

Suite, Apt. #, etc.

City & State

Peachtree City, GA

City & State

Peachtree City, GA

Zip

30269-1905

Country

Fayette

Zip

30269-1905

Country

Fayette

4. FEI Number

58-2452881

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 registering)

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
 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** ☐ Delete
NAME **BROWN, REX**
STREET ADDRESS **514 MT. PLEASANT ROAD**
CITY-ST-ZIP **HAMPTON GA 30228**

TITLE **DCEO** ☒ Change ☐ Addition
NAME **BROWN, REX**
STREET ADDRESS **403 DIVIDEND DRIVE**
CITY-ST-ZIP **PEACHTREE CITY, GA 30269-1905**

TITLE **DPST** ☐ Delete
NAME **CHILDERS, TERRY R**
STREET ADDRESS **514 MT. PLEASANT ROAD**
CITY-ST-ZIP **HAMPTON GA 30228-1803**

TITLE **DPS** ☒ Change ☐ Addition
NAME **CHILDERS, TERRY R**
STREET ADDRESS **403 DIVIDEND DRIVE**
CITY-ST-ZIP **PEACHTREE CITY, GA 30269-1905**

TITLE **DV** ☒ Delete
NAME **MATHEWS, FORBES H**
STREET ADDRESS **514 MT. PLEASANT ROAD**
CITY-ST-ZIP **HAMPTON GA 30228-1803**

TITLE **T** ☐ Change ☒ Addition
NAME **BROWN, ERIC**
STREET ADDRESS **403 DIVIDEND DRIVE**
CITY-ST-ZIP **PEACHTREE CITY, GA 30269-1905**

TITLE **D** ☐ Delete
NAME **GOOSEFF, ALEX P**
STREET ADDRESS **514 MT. PLEASANT ROAD**
CITY-ST-ZIP **HAMPTON GA 30228-1803**

TITLE **DVP** ☒ Change ☐ Addition
NAME **GOOSEFF, ALEX P**
STREET ADDRESS **403 DIVIDEND DRIVE**
CITY-ST-ZIP **PEACHTREE CITY, GA 30269-1905**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

Terry R. Childers, Pres/Treas

Jan. 10, 2002

678-554-1147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)