

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

0619975 AT

DOCUMENT # **P22403**

1. Entity Name
UNITED REFRIGERATION, INC. OF PENNSYLVANIA



05-05-2003 90714 013 ***150.00

Principal Place of Business
**CARMEN D CAROSELLA VP. C.F.O.
11401 ROOSEVELT BLVD.
PHILADELPHIA PA 19154**

Mailing Address
**CARMEN D CAROSELLA VP. C.F.O.
11401 ROOSEVELT BLVD.
PHILADELPHIA PA 19154**



2. Principal Place of Business

3. Mailing Address
11401 ROOSEVELT, BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.
ATTN: TAX DEPT.

City & State

City & State
Philadelphia, PA

CHECK HERE IF MAKING CHANGES

4. FEI Number **23-1307731**

Applied For
Not Applicable

Zip Country

Zip Country
19154

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

6. Name and Address of Current Registered Agent

**SMITH, PAT
2400 N. W. 23RD STREET
MIAMI, FL 33142**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fbe 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REILLY, JOHN H. JR. 1310 MONTGOMERY AVE ROSEMONT PA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REILLY, ELIZABETH 1310 MONTGOMERY AVENUE ROSEMONT PA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAROSELLA, CARMEN D. 220 CEDAR PLACE WAYNE PA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCFADDEN, JOHN P. 28 GAELIC CT HOLLAND PA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HUNTOWSKI, JOSEPH S 28 WOODBROOK ROAD VOORHESS NJ 08043	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hope, Nicholas V. 74 GOVERNOR MARKHAM GLENN MILLS, PA 19342	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assist Sect	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Reilly, John H. III 520 Atterbury Road Villanova, PA 19085	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assist TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: Joseph S. Huntowski **JOSEPH S. HUNTOWSKI** 4-30-03 (215)698-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #.

CR03F034 (10/02)