

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 207550

1. Entity Name

FLORIDA FUR COLD STORAGE & CLEANING, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90172 042 ***150.00

Principal Place of Business	Mailing Address
411 - 19TH STREET SOUTH P.O. BOX 11507 ST. PETERSBURG FL 33733	411 - 19TH STREET SOUTH P.O. BOX 11507 ST. PETERSBURG FL 33733-1507

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	59-0837200	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PSALTIS, JOHN
411 19TH ST S
ST PETERSBURG FL 33712

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.

SIGNATURE _____ (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, 2000 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	
TITLE	PD <input type="checkbox"/> Delete
NAME	PSALTIS, JOHN
STREET ADDRESS	411 19TH ST SOUTH
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	D <input type="checkbox"/> Delete
NAME	PSALTIS, HELEN
STREET ADDRESS	411 19TH ST SOUTH
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	D <input type="checkbox"/> Delete
NAME	PSALTIS, BILL
STREET ADDRESS	411 19TH ST SOUTH
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	D <input type="checkbox"/> Delete
NAME	PSALTIS, MIA G.
STREET ADDRESS	411-19TH STREET, SOUTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: John Psaltis 4.6-00 727-822-3653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #