2001 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # 207550** 1. Entity Name FLORIDA FUR COLD STORAGE & CLEANING, INC. 04-26-2001 90060 025 ***150.00 Principa: Place of Business Mailing Address 411 - 19TH STREET SOUTH 411 - 19TH STREET SOUTH P.O. BOX 11507 P.O. BOX 11507 ST. PETERSBURG FL 33733 ST. PETERSBURG FL 33733 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-0837200 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PSALTIS, JOHN Street Address (P.O. Box Number is Not Acceptable) 411 19TH ST S ST PETERSBURG FL 33712 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete 71718 ☐ Change NAME PSALTIS, JOHN NAME STREET ADDRESS STREET ADDRESS 411 19TH ST SOUTH CITY-ST-7IP CITY-ST-ZIP ST PETERSBURG FL TITLE ___ Additio: ☐ Delete TITLE ☐ Change NAME PSALTIS, HELEN STREET ADDRESS STREET ADDRESS 411 19TH ST SOUTH CITY-ST-ZiP CITY-ST-ZIP ST PETERSBURG FL TITLE ☐ Delete ☐ Change [7] Addition NAME PSALTIS, BILL NAME STREET ADDRESS STREET ADDRESS 411 19TH ST SOUTH CITY-ST-Z!P CITY - ST - ZIP ST PETERSBURG FL TITLE ☐ Delete TITLE ☐ Change [11] Addition NAME PSALTIS, MIA G. STREET ADDRESS STREET ADDRESS 411-19TH STREET, SOUTH CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL TITLE Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete T:TLE TITLE Change Acdition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 eath; 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.

13. Thereby 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

JOHN PSALTIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

727-822-3653

Daytime E

FILED

CR2E034 (10/00)