## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Aug 26, 2002 8:00 am Secretary of State 322191 DOCUMENT # 1. Entity Name 08-26-2002 90052 034 \*\*\*550 00 COLD AIR DISTRIBUTORS WAREHOUSE OF FLORIDA, INC. Principal Place of Business Mailing Address 3053 INDUSTRIAL 31ST ST 3053 INDUSTRIAL 31ST ST 976317 FORT PIERCE FL 34946 FORT PIERCE FL 34946 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1216685 Not Applicable Zip Country Zip 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 MASTROFF, MARVIN Street Address (P.O. Box Number is Not Acceptable) 3053 INDUSTRIAL 31ST STREET FT. PIERCE FL 34946 City 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** 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 \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change Addition MASTROFF, MARVIN NAME NAME STREET ADDRESS 3053 INDUSTRIAL 31ST ST. STREET ADDRESS FT. PIERCE FL CITY-ST-ZIP CITY-ST-ZIP TITLE D Delete TITLE ☐ Change Addition MASTROFF, ELINOR NAME NAME 3053 INDUSTRIAL 31ST ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. PIERCE FL CITY-ST-ZIP TITLE SD ☐ Delete TITLE ☐ Change Addition MASTROFF, RUSSELL NAME NAME STREET ADDRESS 3053 INDUSTRIAL 31ST ST. STREET ADDRESS CITY-ST-7IP FT. PIERCE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP