

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90070 019 \*\*\*150.00

**DOCUMENT # 489740**

1. Entity Name

**COMMERCIAL REFRIGERATOR DOOR COMPANY, INC.**

Principal Place of Business 6200 PORTER RD SARASOTA FL 34240		Mailing Address 6200 PORTER RD SARASOTA FL 34240-9696	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1631831**  Applied For  
 Not Applied For

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

**6. Name and Address of Current Registered Agent -**

**WINSLER, ROBERT J**  
**6200 PORTER ROAD**  
**SARASOTA FL 34240**

**7. Name and Address of New Registered Agent**

Name Winsler, Jeffrey  
 Street Address (P.O. Box Number is Not Acceptable)  
6200 Porter Drive  
 City Sarasota **FL** Zip Code 34240

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

*Jeff Winsler*  
 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 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WINSLER, ROBERT J</b> <b>6200 PORTER ROAD</b> <b>SARASOTA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> *    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WINSLER, ROBERT J. JR.</b> <b>1351 QUAIL RUN TRAIL</b> <b>SARASOTA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> *    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>PD</b> <b>WINSLER, JEFFREY</b> <b>7535 CASTLE DRIVE</b> <b>SARASOTA FL</b> <input type="checkbox"/> Delete</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><input checked="" type="checkbox"/> Change <input type="checkbox"/> * <b>PD</b> <b>WINSLER, JEFFREY</b> <b>6200 Porter Road</b> <b>Sarasota, FL 34240</b></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WINSLER, LINDA</b> <b>6200 PORTER ROAD</b> <b>SARASOTA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> *    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> * <b>T</b> <b>David Benedetti</b> <b>6200 Porter Road</b> <b>Sarasota, FL 34240</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> *    

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 persons.

SIGNATURE:

*David Benedetti*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(941) 371-8110  
 Daytime Phone #