

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90353 031 ***150.00

0416901

DOCUMENT # 489740

1. Entity Name
COMMERCIAL REFRIGERATOR DOOR COMPANY, INC.

Principal Place of Business Mailing Address
6200 PORTER RD 6200 PORTER RD
SARASOTA FL 34240 SARASOTA FL 34240

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 **59-1631831** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WINSLER, JEFFREY
6200 PORTER ROAD
SARASOTA FL 34240

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	WINSLER, ROBERT J	
STREET ADDRESS	6200 PORTER ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINSLER, ROBERT J. JR.	
STREET ADDRESS	1351 QUAIL RUN TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WINSLER, JEFFREY	
STREET ADDRESS	7535 CASTLE DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WINSLER, LINDA	
STREET ADDRESS	6200 PORTER ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	(same)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(same)	
STREET ADDRESS	(same)	
CITY-ST-ZIP	Sarasota FL 34240	
TITLE	(same)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(same)	
STREET ADDRESS	6200 Porter Road	
CITY-ST-ZIP	Sarasota FL 34240	
TITLE	(same)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(same)	
STREET ADDRESS	6200 Porter Road	
CITY-ST-ZIP	Sarasota FL 34240	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David J. Benedetti	
STREET ADDRESS	6200 Porter Road	
CITY-ST-ZIP	Sarasota FL 34240	
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: Jeff Winsler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 14, 2001 (941) 371-8110
 Date Daytime Phone #

CR2E034 (10/00)