## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** 489740

1. Entity Name

COMMERCIAL REFRIGERATOR DOOR COMPANY, INC.



## **FILED** Feb 13, 2003 8:00 am Secretary of State 02-13-2003 90208 029 \*\*\*150.00

SARASOTA FL 34240  SARASOTA FL 3								<b>′</b>					
Suite. Apt. #, sto.   Suite. Apt. #, sto.   Suite. Apt. #, sto.   Guertry   Suite. Apt. #, sto.   Guertry   Suite. Apt. #, sto.   Guertry   Suite. Applied for   No. Applied f	6200 PORTER RD			6200 PORTER RD				l L					
City & State  Country  Country  Country  Country  Country  G. Certificate of Status Desired  Status Desired  Status Desired  Status Desired  Status Desired  State Additional Free Required  Name  Name  Name  Name  Name and Address of New Registered Agent  City  Street Address (P.O. 8ox Number is Not Acceptable)  City  FL  Zip Code  FL  Zip	2. Principal Pla	ce of Busines	s	3. Mailing Address						ii <b>4</b> 6ii <b>1</b> 10i <del>i</del> 6i0'	N OLDIK BADA BI	(6)( 0)0() 100)	
Separation   Sep	Suite, Apt. #	, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
S. Celtricates of Section Coasted S. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Accep	City & State			City & State				4. F	4. FEI Number 59-1631831			<del></del> _	
WINSLER, JEFFREY 8200 PORTER ROAD SARASOTA FI. 34240  City FL Zip Code  City FL Zip	Zip Country			Zip Coun			try	<b>5.</b> C					
WINSLER, JEFFREY 8200 PORTIER ROAD SARASOTA FL 34240  6. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    FILE NOW!!! FEE IS \$150.00		.6. Name ar	d Address of Current	Registered /	Registered Agent				7. Name and Address of New Registered Agent				
SCOO PORTER ROAD SARASOTA FL 34240  City FL Zip Code  City FL Zip							Name						
SARASOTA FL 34240  City FL Zip Code  City FL Zip				Street Addres			ss (P.O. Bo	s (P.O. Box Number is Not Acceptable)					
6. 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   File NOW!!  FEE IS \$150.00											<u></u>		
SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$559.00 Make Check Payable to Florida Department of State  10.	O/III IOO I/I	1201210					City			FL	Zip Cod	le	1
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After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	SIGNATURE	Signature, typed or a	orinted name of registered agent	and title if applicat	ole. (NOTE	: Registere	d Agent signature rec	quired when re	instating)	DATE			
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indicated on this report or 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 suppliemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**