


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90127 003 ***150.00

DOCUMENT # 819265

1. Entity Name
LEWIS REFRIGERATION CO.



Principal Place of Business
**200 MAPLEWOOD STREET
MALDEN MA 02148**

Mailing Address
**200 MAPLEWOOD STREET
MALDEN MA 02148**



2. Principal Place of Business
395 West 1100 North

3. Mailing Address
395 West 1100 North

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
North Salt Lake, Utah

City & State
North Salt Lake, Utah

Zip
84054

Country

4. FEI Number **91-0673306**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SCRIVEN, LANSING C
2700 BARNETT PLAZA
101 EAST KENNEDY BLVD.
TAMPA FL 33601-1102**

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCLEOD, S. D. 65 VILLIERS ST. TORONTO ON M5A 3	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SORENSEN, HUGO 3131 HIGHWAY 7 WEST CONCORD ON M5A 3	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARAVI, ANNA 3143 E. FAWNWOOD COVE SANDY UT 84092	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILL, WAYNE 7 PRINCESS ANNE CRESCENT ETOBICOKE, ONTARIO M9A -2N9	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RUSSELL, GUY 1200 CONC.4RR1 MISSISSAUGA, ONTARIO L5N -5B1	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCLEOD, S.D. 65 VILLIERS ST. TORONTO, ON M5A 3S1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SORENSEN, HUGO 3131 HIGHWAY 7 WEST CONCORD, ON L4K 1B7	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RUSSELL, GUY 65 VILLIERS ST. TORONTO, ON M5A 3S1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Guy Russell* **SIGNATURE REQUIRED** 2/17/03 416-465-7581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)