

# 2000 UNIFORM BUSINESS REPORT (UBR)

UBR 151000

DOCUMENT # **A19019**

1. Entity Name

**PROFESSIONAL FOOD EQUIPMENT LIMITED**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 19 AM 11:43




Principal Place of Business

P. O. BOX 3282  
452 E. 8TH STREET  
JACKSONVILLE FL 32206

Mailing Address

P. O. BOX 3282  
452 E. 8TH STREET  
JACKSONVILLE FL 32206-3838

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2488656** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

**DALE, HOWARD L**  
**200 W. FORSYTH ST.**  
**SUITE 1100**  
**JACKSONVILLE FL 32202-4308**

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. Capital Contributions as Shown on record. **\$25,500.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **H27356**  
NAME **WHITE & WHITE, INC.**  
STREET ADDRESS **452 EAST EIGHTH STREET**  
CITY - ST - ZIP **JACKSONVILLE FL**

DOCUMENT # \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY - ST - ZIP \_\_\_\_\_

DOCUMENT # \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
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CITY - ST - ZIP \_\_\_\_\_

DOCUMENT # \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY - ST - ZIP \_\_\_\_\_

13. ADDRESS CHANGES ONLY

STREET ADDRESS \_\_\_\_\_  
CITY - ST - ZIP \_\_\_\_\_  
STREET ADDRESS **100003245791 - 2**  
CITY - ST - ZIP **-05/10/00--01006--025**  
STREET ADDRESS **\*\*\*\*267.25 \*\*\*\*267.25**  
CITY - ST - ZIP \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY - ST - ZIP \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY - ST - ZIP \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY - ST - ZIP \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY - ST - ZIP \_\_\_\_\_

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **REDMI WHITE, PRES/Gen Ptn.** 4-4-00 (904) 356-1376  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)